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ANNUAL REPORT

ON THE

HEALTH OF GIBRALTAR

FOR THE YEAR

1952

BY

**JAMES A. DURANTE, M.R.C.S. (Eng.),
L.R.C.P. (Lond.).**

Medical Officer of Health,

**with which is included a summary of the work of the
Public Health Laboratories.**

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*A. A. **Danino**, Esq., L.D.S., R.C.S. (Eng).
*J. J. **Cochrane**, Esq., L.D.S., R.C.S. (Eng).

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*Allowance paid to private practitioners as a retaining fee for their services.

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The Assistant Director of Medical Services.

The Chief Medical Officer, Colonial Government.

The Medical Officer of Health.

The Royal Naval Representative.

The Royal Air Force Representative.

The Port Medical Officer.

Secretary :

M. Cavilla, Esq.

PREFACE

I have the honour to present this report on the Health of Gibraltar for the year 1952.

The outstanding features in the statistical field are a considerable fall in the death rate and a marked rise in the infant mortality. The number of live births proved virtually the same as in the preceding year.

A total of one hundred and ninety-five deaths from all causes occurred during 1952, representing a decrease of sixty deaths when compared with 1951 and providing a crude death rate of 7.96 per thousand total civil population. It would thus appear that after the rise in mortality experienced in the latter year caused by deaths among elderly people during the epidemic of Influenza, the death rate has reverted to the low level established since 1945.

No less than one hundred and six or 54.3 per cent of all deaths concerned persons sixty-five years of age or older and of these over seventy deaths were attributed to diseases of the heart and circulatory system, which proved the chiefs causes of death.

Cancer and other malignant tumours continued to constitute the second principal causes of mortality contributing thirty-five or 17.9 per cent of all deaths.

Births outnumbered deaths by one hundred and ninety-four.

Sixteen infants died before attaining the age of one year representing an infant mortality of 41.55 per thousand live births. Twelve of them died within four weeks of birth constituting a neo-natal death rate of 36.36. Both rates are the highest recorded since 1947.

Though these figures still compare favourably with those pertaining to the pre-war period, when they are understood to mean that four out of every hundred children born did not survive twelve months and it is appreciated that the infant mortality constitutes the best measure of the well being of a community, the striking rise which has occurred this year must, to say the least, prove disturbing to such elation as may have been felt over the reasonably satisfactory rates which have been a feature of the health records of the city since the repatriation of the population, and indicates a necessity for reviewing, and improving or extending such measures as have been adopted for the promotion of health, particularly those concerning the welfare of mothers and infants.

An extensive epidemic of Mumps and prevalence of Chicken-pox and Whooping-Cough accounted for 335 of the total notifications and resulted in a high incidence of infectious diseases being recorded. The principal epidemiological event however, and one which caused considerable alarm was the occurrence of an unusual number of cases of Poliomyelitis, a relatively uncommon disease in Gibraltar, but though fears were entertained that a widespread outbreak might develop it did not materialize.

The occurrence of these cases led to the temporary suspension of anti-diphtheria immunisations as a measure of precaution which resulted in only an insignificant number of children being immunized during the year. Preventive inoculations have now been resumed and it is hoped that parents will avail themselves of the new facilities offered.

There was a rise in notifications of Pulmonary Tuberculosis, but it is encouraging to note that only four deaths were caused by this disease; the lowest mortality recorded since 1945.

The report of the School Medical Officer shows that the health of children of school age maintained the satisfactory high standard attained during the preceding years which in view of the prevalent difficult economic conditions reflects much credit not only on the services concerned, but also on the care and attention devoted by parents to the welfare of their children. I must however add that though gross malnutrition or vitamin deficiencies are obviously not evident in our children, I am not convinced that minor nutritional defects which easily pass undetected but which unobtrusively undermine health and are responsible for much preventable illness are so uncommon as to be negligible, and apropos of this, as on occasions doubts have to my knowledge been expressed concerning the necessity of continuing the issue of free school milk to children attending infant schools, I make no apologies for stressing the importance of this provision which in my view represents one of the most valuable health measures adopted up to the present regarding our school children, indeed, I would submit that this scheme could with advantage be extended to the benefit of all children of school age.

Overcrowding still constitutes the principal and most pressing problem related to health in our community and one fraught with many difficulties. Though much thought and time have been devoted and financial outlay incurred towards its abatement, the results cannot be considered to have been commensurate with the effort expended, and it still prevails to such an extent as to deserve pride of place amongst the influences affecting adversely the health and well-being of our people. The frequent appearance of new buildings and of others in process of construction is apt to create an impression that all is well in this respect but welcome and reassuring as these may be, the true position is only revealed by the number of requests received by the Health Department for help to secure improved accommodation and the many instances of gross overcrowding still being discovered in the course of inspections carried out in connection with the investigation of cases of infectious disease.

Notwithstanding the foregoing comments and other observations in the text of this report which purport to draw attention to salient aspects of the social and environmental conditions affecting public health and welfare which appear to me to demand constant vigilance and merit special consideration, the health of the City has generally not been unsatisfactory during the year under review, but lest my words savour of pessimism or be the cause of despondency,

> I say: Fear not! Life still
> Leaves human effort scope.
> But, since life teems with ill,
> Nurse no extravagant hope;
> Because thou must not dream, thou need'st not then despair.
> (Matthew Arnold, Empedocles on Etna).

Changes in the Health Department staff include the appointment of Dr. E. A. J. Imossi to the vacant post of City Pathologist and Analyst, and that of Mr. H. J. Bruzon as Deputy Analyst in addition to remaining the Chief Laboratory Assistant.

I avail myself of this opportunity to express my appreciation of the sympathy and unfailing support which I have received from all members of the Council, of the valuable cooperation of colleagues in other departments, and particularly of the loyalty and devotion to duty of the Health Department staff which have gone far to ease the labours of my day.

J. A. DURANTE,
Medical Officer of Health.

Public Health Department,
City Hall,
Gibraltar, 15th April, 1953.

CITY COUNCIL OF GIBRALTAR

PUBLIC HEALTH DEPARTMENT

Summary of Vital Statistics for the Year 1952

Total area of Gibraltar Territory	1,387	acres
Area of the City	104	acres
Estimated Total Civil Population of Gibraltar	24,473	persons
Estimated Fixed Civil Population of Gibraltar	22,176	persons
*Births in Fixed Civil Population, Males—210 Females—175	385	
Birth Rate per 1,000 Fixed Civil Population	17.36	
Birth Rate per 1,000 Total Civil Population	16.58	
*Deaths in Fixed Civil Population	191	
Death Rate per 1,000 Fixed Civil Population	8.6	
Crude Death Rate per 1,000 Total Civil Population ...	7.96	
Infantile Mortality Rate Fixed Civil Population	41.55	
Death Rate from Pulmonary Tuberculosis ...	0.18	

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*Vide note on Page 13.

METEOROLOGICAL OBSERVATIONS FOR THE YEAR 1952

The following weather summary and tables have been kindly supplied by the Air Ministry's Meteorologist in Gibraltar.

As a whole 1952 proved a dry year, the total rainfall being 14.59 inches less than in 1951; January had the highest total, and both May and August had unusually large falls. Sunshine was more abundant than in 1951, the daily average being 8.24 hours as compared with 7.94 in that year, while the mean temperature, 65.5°F was half a degree higher. The highest temperature, 95°F, was recorded on the 13th July and the lowest, 40°F, on the 22nd January. The average relative humidity was normal, ranging from about 80 per cent at night to 60 per cent in mid-afternoon.

The frequency of westerly winds greatly exceeded that of easterlies, the predominance being especially marked in December, January and March.

February was fairly dry with less than half the average rainfall, but the sunshine aggregate was a little below normal and easterly gales occurred on two days.

March was exceptionally warm and sunny up to the last week which was rainy with strong winds. A maximum temperature of 80°F on the 23rd was the highest recorded in March since 1937.

April was drier and somewhat warmer than usual, but with no prolonged fine spells, and thunderstorms were experienced on three days about mid-month.

May was cloudier and wetter than normal, the total rainfall being over twice the average for this month, and the daily sunshine about an hour less; thunder was again reported on four days.

June and July were, as usual, mainly fine and almost rainless. Both were rather hot, the mean maximum for July (85.1°F) being the highest figure recorded in that month since before 1938; day maxima of 90°F or over were reached on four occasions.

August was also generally fine and hot, but a thundery spell on the 27th and 28th gave a 24-hour total rainfall of 0.28 inches exceeding any amount recorded in this month since 1937. Temperatures of 90°F or over were reached on eight days.

September was mainly dry and sunny, and was noteworthy for its freedom from fog which is normally frequent in this month.

October was somewhat drier and sunnier than usual, and abnormally warm, especially during the first half; the average maximum of 76.1°F was the highest reached in October since 1937.

November was a fairly typical month with alternations of fine spells and rainy weather, but day temperatures were well above normal.

December provided more prolonged fine, dry and warm spells than usual, rainfall being decidedly below and sunshine and day temperatures well above the normal figures.

Total rainfall for 1952 was 20.55 inches compared with 35.14 inches in 1951.

North Front. **Lat. 36°09' N. Long. 05° 21" w.** **Barometer Height 11 Ft.** **Raingauge 8 Ft. Above M.S.L**

YEAR 1952	Mean Pressure	TEMPERATURE °F													RELATIVE HUMIDITY				CLOUD AMOUNT (EIGHTHS)			
		MEANS							HIGHEST		LOWEST											
		Dry Bulb				Max.	Min.	Mean of					Min on									
Month	at MSL	0300	0900	1500	2100	A	B	A & B	Max	Date	Min	Date	gras	Date	03	09	15	21	03	09	15	21
January	1021·7	51·0	52·4	58·5	53·4	60·3	48·3	54·3	67	1st	40	22nd	35	22nd 29th	76	70	59	75	2·9	2·8	3·1	3·2
February......	1020·7	53·7	54·5	60·1	55·2	61·3	51·2	56·3	66	8th. 9th	43	17th 18th	33	17th 18th	75	73	61	74	2·9	3·5	2·9	2·6
March	1015·4	57·6	60·4	67·0	59·9	68·9	55·0	61·9	80	3rd	51	3rd.7th	39	7th	81	74	58	77	2·2	2·3	2·3	2·2
April............	1016·5	57·7	61·7	66·0	60·3	68·2	55·9	62·1	77	25th	47	4th	37	4th	78	68	60	75	2·0	2·2	2·5	1·9
May	1015·8	61·1	65·5	69.9	63·9	72·0	59·5	65·7	80	31st	54	1st	49	7th	83	73	64	78	2·3	3·4	2·5	1·7
June	1017·5	67.8	72·6	78·8	70·6	80·6	65·7	73·1	91	8th	62	30th	56	4th	80	70	58	75	0·6	2·4	1·5	0·6
July	1016·0	69·6	75·9	82·8	73·8	85·1	67·6	76·3	95	13th	63	23rd	58	7th	83	67	53	73	1·2	2·2	0·8	0·3
August	1014·5	70·1	74·9	81·7	72·9	83·9	68·1	76·0	92	16th	63	26th	59	29th	79	68	51	70	1·8	2·3	1·3	1·5
September ...	1016·4	66·2	70·0	76·3	67.9	78·7	64·1	71·4	85	5th,15th	57	17th	52	17th 18th	79	68	56	74	1·6	2·4	1·5	1·9
October	1018·5	63·5	67·3	74·1	66·2	76·1	61·4	68·7	92	11th	54	2nd	47	6th	82	74	57	77	1·8	2·5	1·1	0·7
November.....	1017.9	58·1	60·9	66·0	60·1	68·1	56·2	62·1	79	8th	46	19th21st	37	21st	83	76	65	83	2·7	3·1	2·7	2·6
December	1020·7	53·2	54·9	62·1	54.9	63·7	51·0	57·3	71	1st, 7th	43	10th31st	32	10th	80	75	62	75	1·5	2·3	2·4	1·4
Year	1017·6	60·8	64·4	70·3	63·3	72·3	58·7	65·5	95	13/7/52	40	22/1/52	32	10/ 12/52	80	71	59	75	2·0	2·6	3·1	1·7

North Front. **Lat. 36°09' N.** **Long. 05° 21' w.** **Barometer Height 11 ft.** **Raingauge 8 ft Above M.S.L.**

YEAR 1952 Month	RAINFALL			SUNSHINE		WEATHER								
						No. of Days of								
	Total	Max in 24 hrs. 09-09	Date	Daily Mean	o/o of Possible	Rain	Snow	Hail	Thunder	Over-Cast Sky	Clear Sky	Gales	Fog	Frost
Jan	107.6	28·1	25th	6·34	63·1	11	0	1	0	0	5	1	0	0
Feb	27·9	17·1	26th	6·21	57·0	7	0	0	0	3	5	2	0	0
Mar	63·4	22·2	29th	7·62	63·8	9	0	0	2	4	4	0	2	0
April	29·5	13·9	29th	8·53	65·4	6	0	0	2	2	7	0	0	0
May	65·3	24·8	5th	8·62	61·4	12	0	0	4	1	3	0	1	0
June	1·4	1·1	10th	10·59	72·8	2	0	0	1	1	8	0	1	0
July	—	—	—	11·47	80·2	0	0	0	0	0	14	0	3	0
Aug	7·1	7·1	27th	10·66	79·0	1	0	0	1	0	14	0	7	0
Sept	3·7	2·3	10th	8·92	71·6	4	0	0	0	0	8	0	1	0
Oct	47·1	22.7	20th	7·72	69·2	6	0	0	2	1	2	0	7	0
Nov	93.6	19·4	15th	5·59	54·3	12	0	0	1	6	6	0	0	0
Dec	75·2	23.5	29th	6·40	65·3	9	0	0	2	2	13	0	0	0
Year	521·8	28·1	25/1 /52	8·22	66·9	79	0	1	15	20	89	3	22	0

WIND

Frequency at 0300, 0900, 1500 & 2100.

Force 1—3 = 1—10 Knots. Force 4—5 = 11—21 Knots. Force 6—7 = 22—33 Knots.
Force 8 = 34—40 Knots.

YEAR 1952	FORCE					DIRECTION							
MONTHS	**8 or over**	**6-7**	**4-5**	**1-3**	**Calm**	**N.**	**NE.**	**E.**	**SE.**	**S.**	**SW.**	**W.**	**NW.**
January	—	16	43	55	1	2	5	28	1	2	17	51	8
February	5	11	51	40	9	1	10	42	3	4	7	38	2
March	—	5	25	72	12	—	11	21	2	6	39	30	3
April	—	5	48	59	8	1	8	30	2	6	31	31	3
May	—	1	44	70	9	1	8	36	3	8	24	34	1
June	—	—	29	80	11	—	7	34	2	2	37	26	1
Jnly	—	—	28	74	22	2	5	36	1	11	30	17	—
August	—	—	35	79	10	—	12	30	2	12	40	18	—
September	—	1	50	65	4	—	16	26	—	11	24	38	1
October	—	—	17	90	17	1	6	33	1	6	35	25	—
November	—	1	35	64	20	1	19	26	—	2	30	22	—
December	—	5	43	70	6	—	—	6	—	4	41	62	5
Year	5	45	458	818	138	9	107	348	17	74	355	392	24

VITAL STATISTICS

These statistics are based on the estimated civil population of Gibraltar as shown in the Police Registration Office. They do not include personnel of Her Majesty's Armed Forces and unless otherwise stated, they do not relate to their families, or to non-resident aliens.

The civil population at the end of the year under review was constituted as follows:—

			Children				
	Men	**Women**	**Male**	**Female**			**Totals**
Gibraltarians ...	5,959	7,582	2,393	2,206	=	18,140	British Subjects
Statutory Aliens ...	1,087	1,418	783	748	=	4,036	22,176
Other Aliens	848	1,413	27	9	=	2,297	2,297
Totals ...	7,894	10,413	3,203	2,963			24,473

These figures differ considerably from those resulting from the Census taken in July 1951 but correspond closely to the estimate of the population recorded in the Police Registration Office on the 31st December, 1950, which should be borne in mind when comparing the various rates recorded below with the corresponding statistical data for the preceding years.

This consideration does not apply to data concerning the infant mortality.

The average number of persons entering and leaving Gibraltar daily:—

1946	7,500
1947	8.400
1948	8,300
1949	9,545
1950	8,742
1951	7,866
1952	8,500

These figures show an increase as compared with 1951.

The alterations in population since 1931 are shown below:

How Estimated		British Subjects Fixed Population	Alien Subjects Floating Population	Total Population
Census April 1931		16,188	1,425	17,613
Police Estimate end of	1932	15,143	1,466	16,609
„ „ „ „	1933	15,071	1,326	16,397
„ „ „ „	1934	14,790	1,057	15,847
„ „ „ „	1935	15,735	1,130	16,865
„ „ „ „	1936	16,875	2,319	19,194
„ „ „ „	1937	16,792	2,749	19,541
„ „ „ „	1938	17,222	3,017	20,239
„ „ „ „	1939	18,125	2,315	20,440
1940 to 1944 civil population evacuated during war years				
Police Estimate end of	1945	17,448	1,784	19,232
„ „ „ „	1946	19,269	1,964	21,233
„ „ „ „	1947	20,316	2,216	22,532
„ „ „ „	1948	21,472	2,228	23,700
„ „ „ „	1949	22,208	2,377	24,585
„ „ „ „	1950	22,470	2,416	24,886
Census July 1951		19,739	1,361	21,100
Police Estimate end of	1952	22,176	2,297	24,473

*Deaths

One hundred and ninety-one deaths, one hundred males and ninety-one females were registered as having occurred in the resident British civil population during 1952, amounting to 8.6 per thousand. The corresponding figures for 1951 were 241 and 12.2 respectively. In addition there were four deaths among resident aliens (1.7 per thousand) which amounts to a total of one hundred and ninety-five deaths or 7.96 per thousand of the total population. This represents a decrease of sixty deaths as compared with those recorded in 1951 when a rise in mortality was experienced due principally to deaths among the older age groups caused by Influenza. Mortality in 1952 may thus be considered to have reverted to the average low level established since 1945.

One hundred and six deaths or 54.3 per cent of all deaths occurred in persons sixty-five years of age or older, whilst the age group fifty-five and under sixty-five years provided thirty-seven or 18.9 per cent of all deaths. The preponderance of females who attained the age of 75 years or over before death over males, amounting to 50 per cent, is an outstanding feature in the tables of mortality, and testifies to the longevity of that sex in Gibraltar.

*Vide Note on page 13.

The principal causes of death were:—

Cardio vascular diseases	72
Malignant neoplasms	35
Vascular lesions affecting the nervous system	9
Senility	9
Pulmonary Tuberculosis	4

The distribution of causes maintained the same pattern as in previous years.

Eleven of the deaths caused by cardio vascular diseases occurred in subjects under fifty-five years of age, seventeen in the group fifty-five and under sixty-five years, whilst the remaining forty-four or 61.1 per cent of all deaths caused by these conditions were in persons sixty-five years of age or older.

Malignant neoplasms again proved the second principal cause of mortality accounting for 35 deaths or 17.9 per cent of all deaths, the organs showing the highest incidence being the stomach and breast which caused six and four deaths respectively. Thirty-two deaths from these causes concerned persons fifty-five years of age or older.

The years 1947 to 1951 provided 26, 28, 25, 32, and 32 deaths from cancer respectively.

Pulmonary Tuberculosis proved a minor cause of mortality, only four deaths being recorded.

A single maternal death ocurred which was caused by post partum haemorrhage.

The crude death rate for the years 1931-9 and 1945-52 has been:—

	Fixed Population	Total Population
1931	15.40	14.40
1932	16.17	15.59
1933	15.99	14.94
1934	15.21	14.51
1935	16.20	15.71
1936	15.82	15.47
1937	15.24	14.93
1938	14.28	13.74
1939	15.22	14.25
Evacuation period		
1945	8.88	8.42
1946	9.18	8.8
1947	7.18	6.56
1948	8.19	7.76
1949	8.15	7.52
1950	8.85	8.31
1951	12.2	12.08
1952	8.61	7.96

Deaths by Months and Quarters

January	21	April	17
February	21	May	21
March	9	June	13
1st Quarter ...	51	2nd Quarter ...	51
July	12	October	24
August	19	November	18
September	19	December	23
3rd Quarter ...	50	4th Quarter ...	65

Includes twenty-two deaths from cases landed from the Bay or brought into Town for treatment.

BIRTH, DEATH AND INFANT MORTALITY RATES FOR THE YEARS 1931-9 AND 1945-52.

Year		Birth Rate	Death Rate	Infant Mortality (per 1,000)
1931	Census Year	23.2	14.4	61
1932	....	22.84	15.59	60.69
1933	....	23.68	14.94	39.2
1934	....	25.8	14.51	54.8
1935	....	16.9	15.71	67.4
1936	....	19.3	15.47	62.09
1937	....	22.69	14.93	68.24
1938	....	21.07	13.73	74.38
1939	....	20.85	14.25	79.36
Period of evacuation of civil population				
1945	....	34.84	8.42	32.89
1946	....	21.38	8.8	36.4
1947	....	18.75	6.56	47.24
1948	....	17.32	7.67	29.56
1949	....	18.37	8.15	34.2
1950	....	15.79	8.85	28.16
1951	Census Year	19.6	12.2	31
1952	....	17.36	8.61	41.55

***Births**

Three hundred and eighty-five children, two hundred and ten males and one hundred and seventy-five females were born from the civil population during the year 1952, providing a birth rate of 17.36 per thousand fixed British population. This represents a small increase of two over 1951, when the corresponding figures were three hundred and eighty-three and 19.6. In addition there were twenty-one births to non-resident aliens constituting a total of four hundred and six or 16.58 per thousand of the total civil population.

The distribution of births between the Hospitals, private practitioners and midwives was as follows:—

Colonial Hospital	342
Military Hospital	9
Private Practitioners	6
Midwives	49
	406

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*Vide note on page 13.

It will be noticed that preference for confinement in hospital which has been a marked feature since the repatriation of the population continues.

Illegitimate Births numbered thirteen, or 3.2 per cent of all births.

Infant Mortality

Sixteen infants died before attaining the age of twelve months rendering a mortality of 41.55 per thousand. Fourteen of these deaths occurred in the first month of life which provides a neo-natal mortality of 36.36 per thousand. These figures represent a considerable increase over the corresponding ones for 1951, which were 31 and 12.9 respectively, further, the neo-natal mortality is the highest recorded since the repatriation of the population in 1945, whilst the infantile mortality with the exception of that for 1947 (47.2) holds the same invidious position.

The ages and causes of death were as follows:—

CAUSE OF DEATH	Under 1 week	1/2 weeks	2/3 weeks	3/4 weeks	Total under 4 weeks	1/3 months	3/6 months	6/9 months	9/12 months	Total under one year
Intracranial Haemorrhage and Prematurity	2				2					2
Intracranial Haemorrhage		1			1					1
Congenital Morbus Cordis	2				2					2
Marasmus				1	1					1
Prematurity	3				3					3
Pneumonia and Atelectasis				1	1					1
Atelectasis	2				2					2
Acute Gastro-Enteritis							2			2
Asphyxia Neonatorum	2				2					2
Totals ...	11	1		2	14		2			16

It is significant that eleven of these infants did not survive the first week of life because of developmental defects, prematurity or incidents connected with parturition, which together with the fact that eight other infants were reported to have been still born, cannot but be considered as indicating the existence of environmental, social and economic factors inimical to the health of the mother and the development of her infant.

It takes little imagination to envisage the mental attitude of an expectant mother living under overcrowded conditions, devoid of privacy, harassed with the upkeep of a home, maybe the care of other young children, their feeding and clothing within the limits of the family's income, which in these days of progressive increases in the cost of essential foodstuffs constitutes no mean problem and may even entail her stinting herself for their sakes; and to surmise the influence of these factors on her health, the development of her yet unborn infant and the course of her future confinement.

This picture may appear exaggerated but nevertheless it is true, for notwithstanding that much has been accomplished towards improving living conditions since the repatriation of the population, more families are still living under grossly overcrowded conditions than is generally assumed to be the case, and I venture to submit, indeed, I have reasons to know that a combination of circumstances detrimental to the health of mother and infant, such as depicted above, is unfortunately not an infrequent occurrence in our town.

I am well aware of the existence of economic and other factors which hinder the immediate and complete elimination of all detrimental influences, but the significance of an almost dramatic increase in the mortality of the newly-born such as has been experienced during the year under review, cannot be ignored, and it behoves all of us whose concern is the betterment of social, health and environmental standards to reconsider the measures which are being adopted at present with a view to determine whether improvements can be effected which will result in increased benefits being obtained from such means as are available for the purpose.

Still-Births

Eight still-births were registered during the year which amounts to 19.32 per thousand total live and still-births. This represents a decrease of 9 as compared with the figures recorded in 1951 which were 17 and 41.16 respectively.

Infantile Mortality and Neo-natal Death Rates for 1945-52

	Infantile Mortality	Neo-natal Mortality
1945	32.89	16.4
1946	36.4	9.7
1947	47.2	34.1
1948	29.56	13.5
1949	34.2	24.2
1950	28.16	8.4
1951	31	12.9
1952	41.55	36.36

Note:

One hundred and forty-five births and thirty-one deaths which occurred among sections of the population with which these statistics are not concerned are not included in the above data.

The total number of births and deaths which occurred in the Colony and the corresponding crude rates were therefore as follows:—

Births ...... 551 or 22.51 per thousand total population.
Deaths ...... 226 or 9.23 per thousand total population.
Deaths in infants under 1 year ...... 23 or 41.74 per 1,000 live births

MATERNITY, CHILD WELFARE AND SCHOOL MEDICAL SERVICES

The Colonial Government are responsible for these services which are operated under the administrative direction of the Chief Medical Officer who is also the Superintendent of the Colonial Hospital. This arrangement ensures a high degree of integration of the preventive and curative organisations concerned.

I am indebted to Dr. Miller—the Chief Medical Officer, to Dr. Cochrane and Dr. Page—Medical Officers in charge of the Maternity Service, to Dr. Triay—the Paediatric Physician to the Child Health Services, and to Dr. Ruggeri—School Medical Officer for supplying the information on which this part of the report is based.

Maternity Service

Ante-natal clinics were held at the Colonial Hospital twice weekly. Attendances were satisfactory. Calcium, iron and vitamin preparations were issued to those who required them. The majority of confinements took place in Hospital. A few mothers were delivered in their homes by private doctors or registered midwives.

There were five midwives engaged in private practice.

One maternal death caused by post partum haemorrhage occurred.

Paediatric Services

The Paediatric Services continued to operate on the same lines as described in previous annual reports until the 1st September, when all the medical services related to children were incorporated in a comprehensive scheme whereby the curative and preventive organisations concerned with child health have been integrated and placed under the direction of a paediatric physician.

By this arrangement, the treatment of all sick children has now been centralized in the Colonial Hospital and in addition to the children's ward, a special out-patients department for children has been opened where clinics are held on three afternoons a week.

Attendances at the sick children's clinics were as follows:

Special Sick Children's Clinics (January to August)	838
Special Children's Out-patients (since introduction of new scheme on 1st September)	1,276

Infant Welfare Service

In addition to the existing Infant Welfare Centres at the Central and South District, a new one was opened at Glacis for the benefit of mothers residing in the North District and Catalan Bay. Four clinics were held weekly, one in the South, two in the Central, and one in the North District.

At these Centres, mothers were advised on all aspects of the care, feeding and upbringing of infants under five years who were brought to the Clinics, and in addition the Health Visitor and her assistants visited their homes to help and advise on domiciliary and other problems concerning children.

Owing to the incidence of acute poliomyelitis during 1952, preventive inoculations against Diphtheria and Whooping-Cough have been negligible. New arrangements however, have been made for anti-diphtheria immunisations to be performed at the Colonial Hospital.

Milk food and certain medical preparations (calcium, iron, vitamin C etc.) were supplied free or at reduced cost.

All clinics were well attended and voluntary helpers continued to give valuable assistance at all times to the staff.

Attendances and Home Visits

	Number on Register	Attendences
Town Clinic	640	10,247
South Clinic	202	2,565
Glacis Clinic	150	1,495 (6 months)

YEAR OF BIRTH, AGE GROUP AND NUMBER OF CHILDREN ON THE REGISTER WERE AS FOLLOWS:—

Town Clinic Total number on Register 640.

Year of birth	Age group	Number	Percentage
1952	0 — 1	196	30 %
1951	1 — 2	160	25 %
1950	2 — 3	98	16 %
1949	3 — 4	76	12 %
1948	4 — 5	70	12 %
1947	over 5	30	5 %

South Clinic Total number on Register 202

Year of birth	Age group	Number	Percentage
1952	0 — 1	62	31 %
1951	1 — 2	37	18 %
1950	2 — 3	34	17 %
1949	3 — 4	25	12½ %
1948	4 — 5	32	16 %
1947	over 5	12	5½ %

Glacis Clinic Total number on Register 150

Year of birth	Age group	Number	Percentage
1952	0 — 1	42	28 %
1951	1 — 2	32	22 %
1950	2 — 3	24	16 %
1949	3 — 4	24	16 %
1948	4 — 5	22	14 %
1947	over 5	6	4 %

Home Visits

Primary	408
Under 1 year	809
Over 1 year	2,401
Special	49
Ante-natal	73
Fruitless	335
Removals	220
Houses	2,438

Immunizations

Anti-diphtheria prophylactic	1st dose	11
	2nd dose	7
Combined diphtheria-pertussis prophylactic	1st dose	6
	2nd dose	3
	3rd dose	1
Pertussis Vaccine	Nil.	

School Medical Service

Owing to the number of new schools which have been opened and a corresponding increase in the number of children of school age attending, it was found impossible to visit every school during the year.

One thousand, five hundred and twenty children were medically examined, of which one thousand, five hundred (98.6 per cent) were found in good physical condition, thirteen (under 1 per cent) were classified as fair, and seven were considered to be in poor health.

Four thousand, six hundred and thirty-four children were inspected for cleanliness or tested for defects of vision by the school nurse who paid regular visits to all the schools throughout the year.

Children considered to require general medical treatment were referred to their own doctors or to the Government Paediatrician, whilst those in need of special investigation were referred to the special clinics as follows:—

Ophthalmic Clinic	78
Dental Clinic	456
Orthopaedic Clinic	11
Paediatric Clinic	13

Enlarged tonsils were common, but only in twenty-three children was the condition of such a nature as to justify surgical treatment. These were referred to the Ear, Nose and Throat Clinic.

Children between the ages of 5 and 8 attending Infant Schools continued to receive a third of a pint of reconstituted milk daily throughout term time.

It is encouraging to note that the School Medical Officer describes the attitude of parents as one of "absolute co-operation."

Owing to limited space, the facilities for games and physical exercises are rather inadequate in many schools. Arrangements were however made whereby older children could engage in such outdoor activities in the Stadium under the instruction of a P.T. Instructor.

School children requiring dental treatment were referred to the Dental Surgeons, Mr. Danino and Mr. Cochrane, at their private surgeries by appointment, or at the Dental Clinic at the Colonial Hospital where special sessions were held regularly throughout the year for extractions under gas and oxygen anaesthesia.

SUMMARY OF DENTAL TREATMENT

Dental Surgeon	Sessions for Treatment	Teeth Conserved	Teeth Extracted	Attendance for Scaling and Gum Treatment
Mr. A. A. Danino ..	101	510	105	46
Mr. J. J. Cochrane..	39	135	186	37

Causes of Death in the Civil Population during 1952, according to the International Intermediate List with Age and Sex Incidence.

		Cause of Death	Detailed List of Numbers	All Ages	Under 1 yr.		1 yr. & under 5		5 yrs. under 15		15 yrs. under 25		25 yrs. under 35		35 yrs. under 45		45 yrs. under 55		55 yrs. under 65		65 yrs. under 75		75 yrs. & over	
					M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
A	1	Tuberculosis of Respiratory System ...	001-008	4										2							1	1		
A	19	Erysipelas	052	1																1				
A	44	Malignant neoplasm of buccal cavity and pharynx	140-148	1															1					
A	45	Malignant neoplasm of oesophagus ...	150	2															2					
A	46	Malignant neoplasm of stomach	151	6															1			2	2	1
A	47	Malignant neoplasm of intestines, except rectum	152-153	1																1				
A	48	Malignant neoplasm of rectum	154	1													1							
A	50	Malignant neoplasm of trachea, and of bronchus and lung not specified as secondary	162-163	2															1		1			
A	51	Malignant neoplasm of breast	170	4														1				2		1
A	52	Malignant neoplasm of cervix uteri ...	171	1												1								
A	53	Malignant neoplasm of other and unspecified parts of uterus	172-174	2																1				1
A	55	Malignant neoplasm of skin	190-191	1																			1	
A	57	Malignant neoplasm of all other and unspecified sites	155-160 164-165 175-176 178-181 192-195 198-199	14									2					1	5	2	1	3		
A	63	Diabetes Mellitus	260	3														1				2		
A	66	Allergic disorders; all other endocrine, metabolic and blood diseases	240-245 253-254 270-277 287-289 294-299	1																	1			
A	68	Psychoneuroses and disorders of personality	310-324 326	1											1									
A	70	Vascular lesions affecting central nervous system	330-334	9														1			3	1	2	2
A	71	Non-meningococcal meningitis	340	1									1											
A	78	All other diseases of the nervous system and sense organs	341-344 350-352 354-369 380-384 386 388-390 394-398	6													1			1		2	1	1
A	79	Rheumatic Fever	400-402	2					1											1				
A	80	Chronic rheumatic heart disease	410-416	4									1	2		1								
A	81	Arteriosclerotic and degenerative heart disease	420-422	49											2		3	1	10	2	8	5	4	14
A	82	Other diseases of heart	430-434	1															1					
A	83	Hypertension with heart disease	440-443	11															2	1	2	2	2	2
A	84	Hypertension without mention of heart	444-447	4																	2	1		1
A	85	Diseases of arteries	450-456	3											1				1			1		
A	88	Influenza	480-483	2																	1			1
A	89	Lobar pneumonia	490	2												1	1							
A	90	Broncho pneumonia	491	4				1																3
A	93	Bronchitis, chronic and unqualified ...	501-502	3															2			1		
A	97	All other respiratory diseases	511-517 520 522-527	1													1							
A	99	Ulcer of stomach	540	1												1								
A	103	Intestinal obstruction and hernia ...	560-561 570	2																		1	1	
A	104	Gastro-enteritis and colitis, except diarrhoea of the new born	571-572	2	2																			
A	105	Cirrhosis of liver	581	2																	2	0		
A	106	Cholelithiasis and cholecystitis	584-585	1													1							
A	107	Other diseases of digestive system	536-539 542, 544 545 573-580 582-583 586-587	1						1														
A	108	Acute nephritis	590	1									1											
A	109	Chronic, other & unspecified nephritis	591-594	5										1					1		1		1	1
A	112	Hyperplasia of prostate	610	4																	2	0	2	
A	117	Haemorrhage of pregnancy and childbirth	643-644 670-672	1										1										
A	126	All other diseases of skin and musculoskeletal system	700-716 731-736 738-744	2																		1		1
A	128	Congenital malformations of circulatory system	751	2	2																			
A	130	Birth injuries	760-761	3	2	1																		
A	131	Postnatal asphyxia and atelectasis ...	762	4	2	2																		
A	132	Infections of the new born	763-768	1	1																			
A	134	All other defined diseases of early infancy	769 771-772	1	1																			
A	135	Ill-defined diseases peculiar to early infancy, and immaturity unqualified ...	773-776	3	2	1																		
A	136	Senility without mention of psychosis	794	9																			2	7
AN140		Fracture of limbs	N810-N829	2																	1			1
AN144		Internal injury of chest, abdomen and pelvis	N860-N869	1											1									
		Totals		195	12	4		1	1	1			5	6	5	4	8	5	27	10	26	25	18	37

CARE OF THE SICK AND AGED

No progress has been made towards the provision of adequate institutional facilities for the care of aged or infirm people who are either homeless or who cannot be cared for by relatives in their homes; thus the position may be said to remain substantially the same as described in previous annual reports.

An average of thirty aged and infirm women are comfortably housed and well cared for at Beriro's Home by the Colonial Government.

A smaller number of women and some old men are housed at the Little Sisters of the Poor where, though after repeated representations some improvements have been effected during the year, conditions leave much to be desired, and which short of undertaking extensive structural alterations and repairs entailing a financial outlay which can be far more profitably employed in the erection of a proper home, cannot be rendered satisfactory.

Besides these, some old men and women who cannot be cared for at the above-named places, occupy beds at the Colonial Hospital which should be available and are frequently urgently required for the treatment of acute conditions, encroaching of necessity on a limited and often harassed nursing staff when it would be to their benefit and happiness to be housed and cared for under appropriate conditions.

ORPHANS AND CHILDREN DEVOID OF PARENTAL CARE

There were in Gibraltar before the war two well-appointed homes where approximately a hundred boys and girls, orphans or otherwise devoid of a domicile or parental care, were housed and cared for by nuns and brothers of two religious orders.

These homes were maintained and administered by trustees of monies bequeathed by Gibraltar residents which had been invested and dedicated for the purpose.

Unfortunately the buildings were requisitioned by the Government during the war, and no institutions are now available for the care of such children, but owing to the proverbial kindness and devotion to children innate in the Gibraltarian, most orphans are housed and cared for by relatives or adopted by friends and the necessity for institutional facilities is not strikingly apparent.

Though undoubtedly it is desirable as well as advantageous to children that whenever possible they be brought up in a friendly familial environment akin to their own home in preference to an institution, provided that the family and environment are suitable, there are known instances, and there are reasons to believe the existence of others (which may prove more numerous than are envisaged) where either because though the spirit may be willing the means are few, or because of other reasons certain orphans and other children devoid of parental care would be better placed in a children's home.

It appears to me that an approximate estimate of the number of children in such circumstances could be arrived at from the records of the Social Welfare Officer and the experience of Health and School Visitors which would serve as a basis to assess the accommodation and other requirements to be provided, and I have no reason to doubt that once buildings are made available, the necessary funds would be forthcoming. I would venture to submit that the time is now ripe, if not overdue, when this matter should receive serious consideration.

CARE OF THE BLIND

The Gibraltar Society for the Prevention of Blindness is primarily concerned with promoting knowledge related to the care of the eyes, and the prevention of eye diseases.

Parents are advised and helped in adopting measures to safeguard their children's eyesight, and much progress has gradually been made in breaking down long-standing prejudice against the wearing of glasses by children. In this respect it is encouraging to note that though there are a number of partially sighted children for whom the Society is trying to get special tuition in schools, there are only two blind children in the Colony.

The Society also cares for a considerable number of elderly blind people, the majority aged females who seldom leave their homes. They are periodically visited by the Society's visitors who afford them all possible help short of regular financial assistance.

Owing to the age of these folks, and the fact that most of them became blind late in life, there is little demand for the Society's teacher of braille and the braille literature at its disposal.

This Society is performing a most useful function both in the prevention of blindness and in caring for those unfortunates whose disability is irremediable and deserves every help and encouragement from the public, and particularly from all concerned with the promotion of social welfare.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

To conform with the International Sanitary Regulations adopted by the World Health Organization on the 21st May, 1951 and which came into force on the 1st of October of the year under review, Relapsing Fever was declared a notifiable disease in Gibraltar on the 1st December.

Four hundred and sixty-two cases of infectious disease were notified from the civil population during the year which represents an incidence of 20.8 per thousand. With the exception of the years 1951 and 1938 when 836 and 856 notifications were received respectively, these are the highest figures recorded since the repatriation of the population in 1945, and the quinquennium immediately preceding that event.

An epidemic of Mumps and prevalence of Chickenpox and Whooping Cough accounted for 335 of the total notifications and proved the principal factors concerned with the high incidence of infectious diseases recorded.

There were five deaths, four from Pulmonary Tuberculosis and one an adult aged 58 years whose death was attributed to Erysipelas.

The following tables show the incidence of infectious diseases in the civil population for the periods 1935-9 and 1945-52.

1935-9

Year	1935	1936	1937	1938	1939	Average
Cases	241	177	419	856	93	357.2

1945-52

Year ...	1945	1946	1947	1948	1949	1950	1951	1952	Average
Cases ...	102	103	168	252	181	225	836	462	291.1

NOTE: One hundred and ninety-one cases of infectious diseases which were notified from families of service personnel, and casual visitors, or who were brought into town for treatment are not included in the data recorded above.

Including these classes, notifications received from all sources totalled six hundred and fifty-three.

Pulmonary Tuberculosis

Twenty-eight cases of Pulmonary Tuberculosis were notified during the year. There were four deaths. This represents an increase of six in the incidence and a decrease of two in the mortality as compared with 1951, when the corresponding figures were twenty-two and six. Notifications in the latter year also exceeded those of 1950 by three. The number of deaths is the lowest recorded since the repatriation of the civil population in 1945.

The incidence and mortality rates for 1952 were 1.26 and 0.18 per thousand population respectively. The corresponding figures for 1951 were 1.04 and 0.28.

Of the total notifications 17 concerned persons in the age groups 15 and under 45 years, and included 13 males and 4 females.

Two children aged two and seven years who were notified exhibited a primary infection, the origin of which was traced to a relative with an open pulmonary lesion domiciled with them, whilst two youths aged 14 and 17 years were proved to have been similarly infected by a domestic servant.

Deaths included three females aged 25, 34 and 69 years respectively, and a male 69 years old.

I consider that the increased incidence cannot be wholly explained by improved notification, but that it is significant of the overcrowding which still exists, and that though the decrease in the number of deaths, which as above stated proved to be the lowest recorded since 1945, would appear to indicate that persons affected are seeking advice in the earlier stages when the disease is more amenable to treatment, the adoption of modern surgical methods and the extended use of antibiotics and chemotherapeutic agents in appropriate combinations probably constitutes the principal factor concerned with the decrease in mortality.

The detection of a number of domestic servants suffering from active pulmonary tuberculosis and excreting tubercle bacilli in the sputum led to the organisation of a scheme designed to minimize the risk of infection to those receiving personal service, to their fellow employees, and in particular to safeguard the health of infants and young children with whom such employees are of necessity in intimate and frequent contact. Under the scheme which is essentially voluntary for both employers and servants, free facilities are provided by the Government whereby employers may have prospective domestic servants examined radioscopically free of charge by application to the Department of Labour and Welfare at the time of their statutory registration for employment. These facilities are also available to domestic servants already at work or to persons changing from one employer to another.

The danger of infection to young children from the presence in the house of a domestic servant suffering from Tuberculosis is very real, and it is hoped that both employers and employees will avail themselves fully of this service.

NOTE: Thirty-one cases of Pulmonary Tuberculosis involving three deaths which were notified from sections of the population with which these statistics are not concerned are not included in the above data.

Non-Respiratory Tuberculosis

Two cases of Tuberculous Cervical Adenitis in young women aged 17 and 27 years respectively, and one of Tuberculous Meningitis in a girl eleven years old were notified which represents an incidence of 0.13 per thousand. There were no deaths.

Tables showing the incidence and mortality from Pulmonary Tuberculosis in the quinquennium immediately preceding the war and period 1945 to 1952 are appended.

Incidence and Mortality from Pulmonary Tuberculosis 1935-1939 and 1945-1952

Year	Cases	Deaths	Incidence per thousand	Deaths per thousand
1935	23	15	—	0.88
*1936	30	19	1.90	1.20*(T.B.
1937	34	21	1.74	1.08 Officer
1938	8	16	0.39	0.79 appointed)
1939	16	14	0.8	—
Civil population evacuated during the War				
1945	42	7	2.4	0.4
1946	30	6	1.55	0.31
1947	31	7	1.52	0.34
1948	17	12	0.72	0.51
1949	22	8	0.89	0.32
1950	19	6	0.76	0.24
1951	22	6	1.04	0.28
1952	28	4	1.26	0.18

Enteric Fever

Six cases of Typhoid and six of Para-Typhoid Fever were notified during the year.

Serological investigations showed that all the Para-Typhoid infections were caused by Salmonella Para-Typhi B, but early administration of Chloromycetin interfered in some of the cases with the confirmation of these findings by the isolation of the organisms from the excreta.

Two of the Typhoid cases occurred in January, and the persons concerned were related to and acquired the disease from a family involved in a small household outbreak in December 1951 which was described in the Annual Report for that year, whilst two of the patients affected with Para-Typhoid were brothers who were probably infected from the same source which however, remained undetermined.

The times of onset in two persons affected with Typhoid and three with Para-Typhoid were consistent with the infections having been acquired in the course of visits to places in the neighbourhood, where they admitted having partaken of food and drink.

The other cases occurred at different times in various districts of the town, and notwithstanding careful investigations which were carried out, it was not found possible to establish any interrelationship or common source of infection. As the movements of the persons concerned were stated to have been limited to Gibraltar for periods well outside the incubation periods of these diseases, it is probable that they were infected by eating improperly washed raw fruits or vegetables.

Poliomyelitis

*Eleven cases of Poliomyelitis were notified during the months of June to September. Seven were children between the ages of six months and twelve years, and four were young adults in their twenties. Three of the children affected were local residents, the other notifications concerned persons temporarily domiciled in Gibraltar.

Two cases occurred in the same household, a young adult and his infant son who developed symptoms of the disease within two or three days of each other, and presumably contracted the infection from the same source. The others occurred at different times in various places in the town, and investigations failed to determine either the source of the infection, or any possible connection between the persons affected.

In three instances the disease proved fatal; one, an adult aged 22 years died from bulbar paralysis, the other two were children notified as suffering from poliomyelitis but whose deaths were certified as due to "encephalitis" and "acute myelitis and paraplegia" respectively. There are sound reasons for considering the latter not to have been poliomyelitis. Thus it may be said that in the absence of facilities for virological investigations, nine cases including one death were proved by the clinical features and course of the disease to have been true poliomyelitis, whilst the diagnosis in two, both fatal, remained unconfirmed.

As notwithstanding the occurrence of occasional sporadic cases of poliomyelitis, the disease is comparatively infrequent in Gibraltar, the unusual incidence during 1952 coinciding as it did with an increased prevalence throughout Spain in which a number of towns and districts in the immediate vicinity of the city were particularly involved, naturally gave rise to considerable public alarm, and fears were entertained that owing to the intimate and frequent intercommunication existing with the affected districts, the disease might acquire widespread proportions.

To prevent as far as possible such an occurrence and to allay these alarms, the public were kept informed of the position and advised through the department's inspectorate, with the co-operation of the medical practitioners, and by pronouncements in the press about such general measures of prevention as could reasonably be adopted under the circumstances without unduly interfering with the freedom of intercourse and other amenities essential to the maintenance of social relations between the communities concerned.

A sporadic case notified in January in an infant from a service family is not included in this series.

Diphtheria

Six notifications were received, five pharyngeal infections and one aural. There were no deaths.

The town had been free from Diphtheria since April 1951 when on the 20th November the first case was notified. This was followed by notifications of five others whose onsets were stated to have been on the 8th, 21st, 22nd (two) and 27th December.

One pharyngeal and the aural case concerned adults, the others were children.

Of the pharyngeal infections, one was not confirmed bacteriologically, though it was reported by the clinician in attendance to have been a typical, severe type of the disease, whilst animal inoculation proved the organism responsible for the aural infection to have been non-virulent notwithstanding that the morphological appearances and cultural reactions were characteristic of C. Diphtheriae.

None of the persons affected had been previously immunized.

Detailed investigations and numerous bacteriological examinations of swabs from all contacts failed to reveal any connection between these cases or the detection of a carrier.

The position of anti-diphtheria vaccination has deteriorated still further this year. In view of the alarm caused by the prevalence of poliomyelitis, inoculations were discontinued temporarily and unfortunately owing to administrative difficulties, they were not subsequently resumed.

Notwithstanding this, propaganda urging parents to have their children inoculated was persisted in by the Public Health Department and the almost simultaneous occurrence of the cases noted above (and others which have been notified since in January 1953) caused a demand from parents for these protective injections which has at the time of writing this report led to the provision of facilities for their administration at the Colonial Hospital on application through the Infant Welfare Centre.

I trust that the timely salutary reminder provided by the occurrence of these cases, which indicates that the enemy is far from dead and is only waiting for an opportunity to renew its attacks and claim victims, will not be too readily forgotten, but that it will serve as a stimulus to all concerned to intensify their efforts to ensure, as far as feasible, the protection of all the child population against this fell disease.

Epidemic Parotitis (Mumps)

The incidence of Mumps assumed epidemic proportions during 1952. One hundred and seventy-three cases were notified in the civil population, which together with forty-three which occurred among sections of the population with which these statistics are not concerned, constituted a total of two hundred and sixteen.

These figures do not represent the true incidence of the disease as many mild cases have probably not been attended by doctors and thus escaped notification. The first cases occurred in June and at the time of writing this report, numerous notifications are still being received.

This is the first large scale outbreak which has occurred since the disease was first declared notifiable in August 1948. Three notifications of acute encephalitis attributed to Mumps were received. No fatalities were recorded.

Measles

Eight cases of German Measles and three of Measles were notified.

Ophthalmia Neonatorum

Four cases were notified.

Meningococcal Infection

A single non-fatal case of Meningococcal Meningitis in a female aged forty-two years was notified. The diagnosis was confirmed bacteriologically, but the source of the infection was not established.

Chicken-pox

Eighty-eight cases of Chicken-pox were notified which constitutes a considerable increase when compared with twenty-one the previous year.

Pertussis

Whooping was prevalent during winter, spring and summer. Seventy-four cases were notified, the corresponding figures for 1951 being 29.

Scarlet Fever

Five sporadic cases of a mild nature were notified. The fears entertained that the unusual prevalence experienced in 1951 when forty-nine cases of this disease were notified, might be followed by a large scale outbreak did not materialize.

Dysentery

Three cases of Bacillary Dysentery were notified.

Two were caused by Shigella Paradysenteriae (Flexner) and one by S. Sonnei.

No notifications of amoebic dysentery were received.

Undulant Fever

Three notifications of Undulant Fever were received. In two the causative organism was Brucella Melitensis. The blood serum of the third patient agglutinated both Brucella Melitensis and Abortus in equally high dilutions. The sources of the infections remained undetermined.

Trachoma

Forty-one cases of Trachoma were notified during the year.

The discovery of a school child suffering from Trachoma, and reports by teachers that an unusual number of children were suffering from inflamed eyes, led to a general inspection by the Government Opththalmic Specialist of all the children in the school attended by this child which resulted in the detection of fifteen children affected with the disease. A number of children from other schools whose eyes appeared inflamed were also examined, and three more were diagnosed.

The condition in the majority of the children was characterized by an acute onset, and the diagnosis was based wholly on the clinical manifestations, and it would appear that either the causative virus was of low virulence, or that the treatment by aureomycin which was adopted was particularly successful since all the children were declared free from infection and able to return to school within a few weeks of being notified.

Preventive measures included the exclusion of the affected children from school, examination of all household contacts, and abolition of the use of school towels in common.

These figures may appear alarming and undoubtedly there exist many opportunities for this disease which is endemic in districts in the vicinity of the City and in North Africa to be contracted by residents, but it must be appreciated that there are no statistical records of its prevalence prior to 1950 when it was first declared notifiable which, together with the fact that laboratory confirmation is lacking in the majority of cases, render the data available at present insufficient to enable an assessment of the true incidence of the disease to be made.

Small-pox

No cases of Small-pox occurred in Gibraltar during 1952, and none was landed from the Bay.

Vaccinations

Number of children born	406*
Number who died before vaccination	16
Number who left Gibraltar before vaccination	1
Number certified as insusceptible to vaccination	1
Vaccination postponed on medical grounds	6
Number successfully vaccinated (children born in 1952)	265
Objectors to vaccination	NIL
Outstanding	117

(*includes 21 non-residents)

In addition one hundred and eighty children who were discovered not to have been vaccinated, or whose vaccination had been postponed on account of illness were also vaccinated.

Thus four hundred and forty-six children were vaccinated which together with three hundred and six re-vaccinations on children who had attained the age of twelve years and fifty-five on adults for purposes concerned with the International Sanitary Regulations constitute a total of eight hundred and seven vaccinations carried out during the year. Of these, seven hundred and seventy-three were performed by the Public Vaccinator.

There have been no objectors to vaccination. Of the hundred and seventeen outstanding, eighty-six had not attained the age of three months and notices were served on the remaining thirty-one.

Rabies

There were no cases of Rabies in Gibraltar during 1952.

A considerable number of dogs and some cats reported to have bitten human beings were detained under observation, but none showed signs of the disease during the relevant period.

A child who was bitten by a wild cat who escaped capture underwent anti-rabic treatment as a precautionary measure.

The customary annual campaign to reduce the number of stray cats was waged from the 4th to the 29th August, during which 284 were caught and painlessly destroyed at the Quarantine Kennels.

Stray cats caught by Council cat catchers (for detention and destruction if unclaimed)	221
Cats delivered by private individuals	45
Cats caught by the Services	18
Total number of cats delivered to the Government Quarantine Kennels and humanely destroyed	284

The number of stray, starving and often diseased cats which infest our town and the numerous dogs which parade our streets unmuzzled and uncontrolled constitute a veritable menace, particularly to young children who are the most common victims of attacks by these animals, and though I have both in previous annual reports and in the press written at length on this subject, I cannot but again appeal to the public to abstain from feeding stray cats, and to co-operate with the Sanitary Authorities by surrendering them to the Government Kennels where they may be humanely destroyed. I would also urge all authorities concerned to ensure a strict enforcement of the muzzling of dogs and of the Quarantine Regulations regarding the importation of these animals. There are reasons to suspect that the latter are being contravened and that pet dogs are being taken in and out of town for runs in the neighbourhood, or even being smuggled in by irresponsible persons who would probably be loudest in their outcry should an outbreak of rabies occur.

I am indebted to the Commissioner of Police who is in charge of the Government Quarantine Kennels, where dogs and cats are detained under observation and humanely destroyed if unclaimed, for the following information about the work done there during the year.

Number of stray dogs admitted	53
Number of stray dogs claimed by owners	17
Number of stray dogs destroyed	36
Number of dogs detained after biting persons...	24
Number of dogs claimed by owners	20
Number of dogs destroyed	4
Number of dogs detained in transit	30

Number of dogs in quarantine	3
Number of dogs claimed by owner	2
Number of dogs destroyed	1
Number of dogs humanely destroyed at owner's request	70
Number of cats humanely destroyed (exclusive of those destroyed during the Annual Campaign)	162
Number of stray cats admitted	97
Number of stray cats claimed by owners	—
Number of stray cats destroyed	97
Number of cats detained after scratching/biting persons	6
Number of cats claimed by owners	—
Number of cats destroyed	6
Number of cats detained in transit	5
Number of cats in quarantine	1
Number of cats claimed by owner	1
Number of cats destroyed	—

Influenza

Influenza was unusually prevalent during the middle and latter half of the first quarter of the year. The clinical manifestations, the duration of the individual attacks, and the frequent occurrence of pulmonary and other complications would appear to indicate that the virulence of the infecting virus was greater than that of the one concerned in the pandemic of 1950/51.

As Influenza is not notifiable in Gibraltar, there are no figures to assess the true incidence of the disease, and these observations are based on information obtained through the courtesy of the medical practitioners.

Notifications of Infectious Diseases with Age and Sex Incidence — Civil Population 1952

Notifiable Diseases	NUMBER OF CASES															Districts			No. of cases removed to Hospital
	All Ages	Under 1 year		1 and under 5 years		5 and under 15 years		15 and under 25 years		25 and under 45 years		45 and under 65 years		65 and over		North	Central	South	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.				
Typhoid	12	—	—	1	—	6	1	1	1	—	2	—	—	—	—	1	10	1	5
Chicken Pox	88	6	2	14	14	31	16	2	1	2	—	—	—	—	—	6	55	27	1
Whooping Cough	74	6	6	24	19	7	12	—	—	—	—	—	—	—	—	3	37	34	6
Trachoma	41	—	—	—	—	3	18	4	5	5	1	1	2	—	2	8	30	3	4
Erysipelas	4	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	3	1	1
Pulmonary Tuberculosis	28	—	—	2	—	3	1	8	1	5	3	4	—	1	—	—	21	7	23
Non-respiratory Tuberculosis	3	—	—	—	—	—	1	—	1	—	1	—	—	—	—	1	2	—	2
Scarlet Fever	5	—	—	—	—	—	1	3	1	—	—	—	—	—	—	—	1	4	1
Dysentery	3	—	—	1	1	—	—	—	1	—	—	—	—	—	—	—	1	2	—
German Measles	8	—	—	—	3	—	4	—	1	—	—	—	—	—	—	1	4	3	—
Mumps	173	—	1	36	16	63	43	6	3	1	3	—	1	—	—	20	125	28	3
Ophthalmia Neonatorum	4	3	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1
Undulant Fever	3	—	—	—	—	—	1	—	—	1	—	—	1	—	—	1	—	2	2
Measles	3	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	3	—	—
Acute Encephalitis	3	—	—	2	—	1	—	—	—	—	—	—	—	—	—	—	2	1	3
Poliomyelitis	2	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Diphtheria	6	—	—	1	—	3	1	—	—	—	1	—	—	—	—	1	5	—	2
Meningococcal Meningitis	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
Venereal Disease	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—
TOTALS	462	16	10	82	53	117	99	25	18	14	12	6	5	2	3	43	304	115	55

Infectious Diseases — Monthly and Quarterly Incidence — Civil Population 1952

Disease	January	February	March	1st Qr.	April	May	June	2nd Qr.	July	August	Sept.	3rd Qr.	October	November	December	4th Qr.	Total	Deaths
Typhoid	3	1	—	4	1	—	1	2	—	—	1	1	4	—	1	5	12	—
Chicken Pox	4	16	10	30	3	8	17	28	16	3	3	22	—	7	1	8	88	—
Whooping Cough	5	2	10	17	5	13	10	28	21	3	4	28	1	—	—	1	74	—
Trachoma	4	—	6	10	17	4	3	24	2	1	—	3	2	2	—	4	41	—
Erysipelas	2	—	—	2	—	—	—	—	—	—	1	1	1	—	—	1	4	1
Pulmonary Tuberculosis	1	2	7	10	4	2	2	8	2	—	—	2	5	1	2	8	28	4
Non-Respiratory Tuberculosis	—	—	2	2	—	—	—	—	—	—	1	1	—	—	—	—	3	—
Scarlet Fever	—	1	1	2	—	—	—	—	—	—	1	1	—	2	—	2	5	—
Dysentery	—	—	1	1	—	—	—	—	2	—	—	2	—	—	—	—	3	—
German Measles	—	—	3	3	1	—	3	4	—	—	—	—	1	—	—	1	8	—
Mumps	—	—	1	1	—	—	9	9	61	15	12	88	8	16	51	75	173	—
Ophthalmia Neonatorum	—	—	1	1	1	—	—	1	—	—	1	1	1	—	—	1	4	—
Undulant Fever	—	—	—	—	1	1	—	2	1	—	—	1	—	—	—	—	3	—
Measles	—	—	—	—	—	—	2	2	—	—	1	1	—	—	—	—	3	—
Acute Encephalitis	—	—	—	—	—	—	—	—	2	1	—	3	—	—	—	—	3	—
Poliomyelitis	—	—	—	—	—	—	—	—	2	—	—	2	—	—	—	—	2	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	6	6	—
Meningococcal Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—
Venereal Disease	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	—
TOTALS	19	22	42	83	33	28	47	108	109	23	25	157	23	31	60	114	462	5

Infectious Diseases — Monthly and Quarterly Return of Cases Landed from the Bay or Brought into Town for treatment, 1952

Disease	January	February	March	1st Qr.	April	May	June	2nd Qr.	July	August	Sept.	3rd Qr.	October	November	December	4th Qr.	Total	Deaths
Typhoid	—	—	1	1	—	—	—	—	—	—	—	—	—	—	1	1	2	—
Whooping Cough	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Trachoma	4	—	2	6	—	1	—	1	1	1	—	2	1	—	1	2	11	—
Erysipelas	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Pulmonary Tuberculosis	1	5	5	11	3	2	2	7	—	3	3	6	1	1	3	5	29	3
Non-Respiratory Tuberculosis	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Mumps	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—
Undulant Fever	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	—
Poliomyelitis	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	1	1
TOTALS	6	6	9	21	3	3	2	8	2	4	5	11	2	1	5	8	48	4

INVESTIGATION AND PREVENTION OF OTHER DISEASES

INSECT VECTORS

Flies

The prevalence of these insects may be said to have been remarkably low this year, and only in a few isolated instances have they been the subject of complaints.

An intensive campaign against flies was organised by the Department early in spring, in the course of which a house-to-house distribution of pamphlets relating to anti-flies measures was made by the Sanitary Inspectors and their assistants, and action taken to ensure that the supply of satisfactory dustbins was adequate to meet the requirements of all households. Special attention was directed to food catering establishments and advise given on the proper protection of food from these vermin.

The number of individuals rummaging dustbins in search of swill, kitchen refuse and other rubbish as well as owners of animal drawn box-carts engaged on similar activities causing the ground to be fouled by the animals and by spillings in the process of sorting out the garbage was becoming a veritable menace, and strict vigilance was exerted and other measures adopted to stop the perpetrators of these nuisances which not only defeat the Council's efforts to maintain the cleanliness of the streets, but constitute a source of attraction to flies and other vermin.

One thousand, four hundred and seventeen gallons of the 5 per cent D D T solution prepared for use in sprayers were sold to the public.

Mosquitoes

An intensive campaign against these insects was planned in co-ordination with the services sanitary staff to supplement the routine measures normally taken by the Department throughout the season, and implemented with gratifying results to all concerned. Special attention was devoted to localities known from experience to constitute potential breeding places, adequate preventive measures adopted and existing centres of infestation eliminated.

As a result of these activities, mosquitoes have with the exception of a few isolated instances not proved troublesome during 1952.

All anti-mosquito measures were carried out by the regular sanitary staff of the Department without the employment of extra personnel.

One hundred and thirty-three specimens were taken for identification, the following species being found:—

Aëdes argenteus	1	(during August)
Theobaldia longiareolata	23	(between March and July)
Culex pipiens	109	(between March and July)

Aëdes argenteus being the vector of Yellor Fever constitutes the principal potential danger to the community, and it is satisfactory to note that in 1951 no insect of this species was found, whilst in the year under review only one specimen was identified. This mosquito being essentially a domestic dweller it is probable that the popular and increasing use of DDT in households is contributing to gradual elimination of the species from Gibraltar.

During 27,307 visits of inspection, two hundred and eight breeding places were found as follows:—

Tubs	13
Barrels	2
Earthenware vessels	2
Miscellaneous	191

MOSQUITO CAMPAIGN 1952

Months	Visits paid to Premises	Breeding Places Found—by Districts					Totals
		Town Lower	Town Middle	Town Upper	South	North	
January	1,963	—	—	2	—	—	2
February	2,079	—	—	1	—	—	1
March	2,735	1	—	6	1	14	22
April	1,897	—	4	2	—	6	12
May	2,734	12	3	9	5	9	38
June	2,117	16	6	3	16	11	52
July	1,931	1	1	10	2	13	27
August	2,878	1	1	9	—	5	16
September	2,154	—	—	8	2	5	15
October	2,127	4	1	4	1	5	15
November	2,683	—	2	3	—	—	5
December	2,009	—	3	—	—	—	3
Totals	27,307	35	21	57	27	68	208

Breeding places found consisted of:—Washing tubs, drains, drinking troughs, fresh water tanks, flushing tanks, tubs barrels, pits &c.

RODENT CONTROL

The closest co-operation has been maintained between the services and civilian personnel engaged in the rodent extermination services throughout the year thereby ensuring maximum efficiency in operations, and economy in the use of baits and poisons available.

The nature of the complaints received and the predominance of carcasses of mus musculus recovered, indicate that these vermin now constitute the principal infesting factor and that the number of rats is being effectively controlled by the measures adopted. It is evident however from the occasional detection of localized foci of infestation by rats that no relaxation of these measures can be entertained if the rat population is to continue to be maintained at its present satisfactory level.

Trouble was experienced on occasions from dumpings of scrap iron and other material unsatisfactorily stacked in the open in North Front in which refuse attractive to rats was found to accumulate in inaccessible places, impeding and to some extent nullifying the work of the department's personnel, and representations were made to the persons concerned to adopt remedial measures to eliminate these conditions.

Electricity and telephone pits were treated on three and sewers and storm water drains on nine occasions with gratifying results.

The carcasses of twenty-three rats were examined in the City Council's Laboratories and were found free from plague bacilli.

A total of 54,685 points were prebaited and 26,127 poison baits were laid in 945 premises by combined civilian and service teams from which 14,813 takes were recorded, the estimated kill being 3,926.

The Anti-Rat Co-ordinating Committee met four times during the year.

RODENT CONTROL—SUMMARY OF TREATMENT BY COMBINED SERVICES DURING THE YEAR 1952

Service	No. of Premises Treated	Prebaits Laid	Poison Baits Laid	Total Takes	Carcasses Found			Estimated Kill
					RR	RN	MM	
Civilian	484	20,870	12,972	7,305	56	1	788	1,624
Military	110	9,512	6,459	3,801	28	—	100	1,242
H.M. Dockyard...	232	23,530	6,038	3,250	10	—	39	673
R.A.F.	7	320	287	116	—	—	1	36
Electric Light and Telephone Pits	41 manholes	167	137	115	2	—	—	78
Sewers and Drains	71	286	234	226	—	—	—	273
Totals ...	945	54,685	26,127	14,813	96	1	928	3,926

RODENT CONTROL — SUMMARY OF TREATMENT OF CIVILIAN PREMISES DURING 1952

Campaign Week	Premises Treated	Prebaits Laid	Poison Baits Laid	Total Takes	Carcasses Found			Estimated Kill
					RR	RN	MM	
2/52 to 13/52	127	5,009	3,237	1,760	9	—	167	350
14/52 to 26/52	103	5,110	3,133	1,867	20	—	188	481
27/52 to 39/52	127	5,682	3,439	1,939	17	1	205	404
40/52 to 51/52	127	5,069	3,163	1,739	10	—	228	389
Totals ...	484	20,870	12,972	7,305	56	1	788	1,624

RODENT CONTROL—TREATMENT OF SEWERS, DRAINS, ELECTRIC LIGHT AND TELEPHONE PITS DURING THE YEAR 1952

Campaign Week	Date	Manholes Treated	Prebaits Laid	Poison Baits Laid	Total Takes	Carcasses Found			Estimated Kill
						RR	RN	MM	
13/52	24/3/52-28/3/52	2	10	10	10	—	—	—	12
30/52	21/7/52-25/7/52	13	52	16	44	—	—	—	38
31/52	28/7/52- 1/8/52	8	32	20	20	—	—	—	33
32/52	4/8/52- 8/8/52	8	32	12	12	—	—	—	15
33/52	11/8/52-15/8/52	8	32	12	12	—	—	—	15
34/52	18/8/52-22/8/52	8	32	32	32	—	—	—	40
35/52	25/8/52-29/8/52	8	32	32	32	—	—	—	40
36/52	1/9/52- 5/9/52	8	32	32	32	—	—	—	40
37/52	8/9/52-12/9/52	8	32	32	32	—	—	—	40
7/52	11/2/52-15/2/52	7	29	25	20	—	—	—	8
29/52	14/7/52-18/7/52	18	74	74	66	1	—	—	59
30/52	21/7/52-25/7/52	16	64	38	29	1	—	—	11
	Totals ...	112	453	335	341	2	—	—	351

PORT HEALTH WORK

Maritime

The Colonial Government are responsible for the control of the port health work which is carried out by two medical practitioners employed part time as Health Officers, together with a number of Boarding Officers under the administrative direction of the Captain of the Port.

Under the provisions of the Quarantine Ordinance, the Medical Officer of Health is also vested with the status of a Health Officer and is thereby empowered to board ships, examine persons suspected of suffering or who are suffering from infectious diseases, and impose quarantine restrictions if and when necessary.

I am indebted to the Captain of the Port for the following information relating to the work of this Department during the year 1952.

Number of ships entered during 1952	6,039
Number of ships visited by the Health Officer	125
Number of patients landed,	
from British Ships	69
from Foreign Ships	106

of these, ten were suspected of or suffering from infectious disease.

Air

Early in 1952 the Colonial Government assumed responsibility for the sanitary control including the disinfection and disinsectization of Civil Aircraft landing at the Air Port. The work is carried out by the Chief Medical Officer who has been vested with the status and powers of a Health Officer, or by a deputy nominated by him.

The Senior Medical Officer of the Royal Air Force who is also vested with the powers of a Health Officer remains responsible for all other matters related to health in connection with the Air Port, as well as for the sanitary control of all Service Aircraft.

SANITARY CIRCUMSTANCES

I am indebted to the Acting City Engineer Mr. W. E. Chiappe, A.M.I.C.E., A.M.I. Mun. E., for assistance in the preparation of this part of the report.

WATER SUPPLY

Potable Water

The population obtain potable water by two methods (a) from roof catchments and underground tanks attached to each individual house, and (b) from the City Council's supply. The latter is distributed mainly direct by pipes through permanent meters, but a small proportion is drawn by bucket or barrel from the Council's street fountains. The demand for supplies from fountains is decreasing in consequence of the large number of premises which are being provided with direct supplies from the City Council mains. In addition, potable water is supplied to private underground tanks during the dry season through temporary meters and flexible hoses and in smaller quantities by tank lorry to those consumers whose premises are not within a reasonable distance from the distributing mains.

All barrels are steam sterilized at weekly intervals. The sanitary staff are constantly on the watch for possible pollution of underground tanks. Samples from seventy-one suspected tanks were taken in 1952.

The stock of potable water at the beginning of the year was much higher than normal due to heavy rains in the latter part of the year 1951, but rainfall during the year was far below the average; supplies to shipping had to be restricted and over 2,000,000 gallons had to be imported from abroad.

Yield from wells was just under the average. The Base Exchange Water Softening Plant continued to function throughout the year. The hardness of well water is reduced from approximately thirty-two degrees to zero, then blended with raw water to the optimum degree of hardness, viz., ten degrees. The blended water after chloramination is pumped into a service tank and then lifted into the Council's reservoirs for distribution to the public, after it has been subjected to a bacteriological examination to establish its purity.

Over 52.5 million gallons were issued during the year from various Council's sources.

Rainfall at the catchments during the calendar year 1952 totalled 21.70 inches.

The supply of boiler water to Shipping from Council's sources at the Watering Jetty was maintained throughout the year.

Brackish Water

Brackish water is supplied by the Council for general sanitary purposes, fire fighting and other requirements.

The new electrically driven centrifugal pump installed at Hesses broke down early in the year after only 7930 hours running and a critical situation developed which was fortunately solved when the War Department loaned the Council a centrifugal pump of similar character which was adapted to suit the existing motor. The replacement of the pump has since been agreed to by the makers.

The quantity of brackish water pumped during the year amounted to some 416,000,000 gallons.

Collection and Disposal of Refuse

Domestic refuse is collected and disposed of daily by the City Council.

In addition to an average of 28 tons of domestic refuse which is collected by the Council's scavenging lorries and disposed of daily at the Refuse Destructor, approximately 6 tons of trade refuse, consisting of tobacco dust, wood shavings, saw dust, waste paper, coffee waste, etc., are carried by private lorries to the Destructor and dealt with every day.

Sewage Disposal

The whole of the sewage of Gibraltar eventually discharges into the sea at Europa Point Outfall.

Numerous storm overflows exist along the line of the main sewer and come into operation during times of heavy floods. The configuration of the Rock is such that very large volumes of storm water rapidly reach the lower levels and the main sewer is then taxed to the utmost. The rate of run off is such that during heavy rains boulders and much silt reach the sewers.

The new sewer and sewage pumps installed at North Front are working satisfactorily but investigations are proceeding to trace the source of storm water finding its way into the sewer and causing flooding in some areas off Devil's Tower Road.

The quantity of sewage and storm water pumped from low level during 1952 amounted to approximately 122,000,000 gallons.

Public Highways and Street Cleansing

Due to lack of funds the extensive road programme contemplated could not be commenced. Patching, potholing and surface dressing was carried out as far as circumstances permitted to maintain public highways in as good a condition as possible.

Flushing of streets was periodically carried out. During the dry season flushing was intensified.

Sweeping of streets was done in the normal way and a high degree of cleanliness was maintained.

Public Baths

The Tarik hot and cold fresh water slipper baths are open the year round, and the Sea Bathing Establishment at Montagu continued to be well patronized in summer. Fresh water shower baths introduced a few years ago, have become increasingly popular.

Eastern Beach which is much favoured by the residents is controlled by the City Council during the bathing season. A boat patrols the beach throughout the day and two chalets provided with sanitary accommodation are available free of charge to bathers for use as changing rooms. These are kept open daily until half an hour after sunset.

WORK OF THE SANITARY DEPARTMENT

The summary of work of the Sanitary Department shows a considerable increase in practically all aspects as compared with the preceding year.

Nineteen thousand, one hundred and two house-to-house inspections were carried out during the year. These included four hundred and seventy-four made in compliance with requests from the Commissioner of Lands and Works, following complaints made to the Department by persons seeking improved accommodation and applications for permission to sublet civilian accommodation. These figures represent an increase of above four thousand over those recorded in 1951, whilst the number of statutory notices served, four hundred and eighty-three, showed an increase of over 50 per cent compared to that year.

The marked increase in the number of statutory notices which it was found necessary to serve together with a similar increase in the occurrence of nuisances caused principally by defective drains, sanitary conveniences and rain-water pipes, leaky roofs and dampness would appear to indicate that time and tide are slowly but relentlessly causing increasing deterioration of the older buildings. The high prevalence of infectious diseases has also entailed much work connected with the investigation, disinfection and the taking of customary preventive measures, but notwithstanding the encroachment on the inspectorate's working time caused by these eventualities, the importance of keeping an effective control over catering establishments has not been neglected, and no less than 1,393 inspections were carried out — over three hundred more than on the preceding year.

Sixty-five samples of foods and drugs were also taken and analysed in the City Council Laboratories during the year.

Summary of Work done by the Sanitary Inspectors

Complaints received:

Written	1
Verbal	624

Premises Inspected:

House-to-house inspection	19,102

Statutory Notices:

Served	483

Nuisances Found:

Defective drains	187
Obstructed drains	438
Defective W.Cs	89
Defective W.C. fittings	641
Defective water fittings	255
Defective rainwater pipes	116
Defective eaves gutters	181
Defective roofs	102
Defective yard paving	1
Dampness	25
Premises dirty	58
Defective or no dust bin	213
Other minor defects	1,246
Suspected pollution of water in underground tank	71
Underground tank not insect proof	6
Brackish water tank not insect proof or no cover	6
Brackish water running to waste	310
Street water fittings found defective	94
Premises disinfected for infectious disease	53
Premises disinfected for vermin, etc.	21
Articles disinfected at Disinfecting Station	773
Visits of enquiry re Infectious Disease	412
Cases removed in the ambulance:	
Local	253
Bay	77
Samples of food and drugs taken for analysis	65
Samples of water taken for analysis	82
Visits to milk shops	241
Visits to eating houses	1,393
Visits to mineral water factories	384
Visits to premises on which notice for abatement of nuisance has been served and are revisited for the purpose of ascertaining if requirements are being complied with	4,395
Vaccination notices served	415
Legal proceedings instituted	1

Foodstuffs etc., condemned as unsound:

Cooked Ham	1,671½	pounds
Luncheon Meat	833½	pounds
Sausage Roll	85¼	pounds
Camp Pie	74	pounds
Tinned Beef	89	pounds
"Salami"	308	pounds
Sausages	30½	pounds
Lunch Tongue	12	pounds
Tinned Bacon	80	pounds
Pork Luncheon	140	pounds
Brawn	77½	pounds
Cheese	77	pounds
Salt Herrings	1,114	pounds
Flour	21,420	pounds
Dairy Cream	3,276-6	oz. tins
Evaporated Milk	28	tins
Tinned Tomatoes	1,098-150	gramme tins
Quince Meat	44	pounds

Lodging Houses

There are no common lodging houses in Gibraltar. The only existing one was closed early in 1952.

FOOD IN RELATION TO HEALTH AND DISEASE

Supplies of food have been adequate in Gibraltar throughout the year. Rationing of essential commodities was continued to ensure an equitable distribution of all available supplies.

Groceries

Supplies of groceries imported principally through the United Kingdom have been adequate and of satisfactory quality.

Meat

All meat continued to be imported frozen, jointly with the Services provisions and stored in refrigerators by the military authorities from which it was issued to the butchers when required on application to the Controller of Civil Supplies. Mutton has also been obtainable from the same sources, but frozen pork has been conspicuous for its absence. The weekly ration of meat remained at two pounds per person, but the prices of both meat and mutton experienced a progressive rise throughout the year. By special arrangements small quantities of fresh meat were imported from Spain for the exclusive use of the Hebrew Community.

Supplies of poultry of Spanish origin have been adequate, the controlled price ranging from 2/6d. to 3/- a pound. Small quantities of game have at times been available.

Eggs

Supplies have been imported principally from Tangiers and Casablanca. The controlled prices ranged from 2/8d. to 5/2d. a dozen according to size.

Fruit and Vegetables

Ample supplies of fruit and vegetables, mostly of excellent quality, have been imported daily from Spain and sold in the markets, shops in town or by itinerant licensed street vendors. An average of eighty licenses have been issued daily throughout the year.

Fish

Though unfavourable weather conditions and other circumstances which were beyond the Markets Authorities' control have at times rendered supplies rather precarious it may be said that generally there has been no scarcity of fish or lack of variety.

The average amount imported daily from La Linea was 1,645 pounds, representing a small increase as compared with the previous year. Occasional consignments brought in from Catalan Bay Village for sale in the markets were so small as to be negligible.

All fish was inspected by the Markets Inspectors before being exposed for sale in the Market stalls or in the street by itinerant vendors who are licensed daily before they are permitted to sell their wares. On an average twenty such licenses were issued daily.

Condemnation of Food

The folowing foods were found unfit for human consumption and condemned:—

	Health Department Inspectors	Market Inspectors
Fresh Fish		1,026 pounds
Cockles		800 pounds
Frozen Ox Livers		15 pounds
Frozen Beef		31 pounds
Rabbits		2 in number
Cooked Ham	1,671½ pounds	
Luncheon Meat	833½ pounds	
Sausage Roll	85¼ pounds	
Camp Pie	74 pounds	
Tinned Beef	89 pounds	
"Salami"	308 pounds	
Sausages	30½ pounds	
Lunch Tongue	12 pounds	
Tinned Bacon	80 pounds	
Pork Luncheon	140 pounds	
Brawn	77½ pounds	
Cheese	77 pounds	
Salt Herrings	1,114 pounds	
Flour	21,420 pounds	
Dairy Cream	3,276—6 oz. tins	
Evaporated Milk	28 tins	
Tinned Tomatoes	1,098—150 gramme Tins	
Quince Meat	44 pounds	

Milk

The quantity of fresh milk imported from Spain decreased considerably in the year under review, averaging only about 450 pints daily. Supplies have been essentially tinned products — condensed or evaporated, which were rationed at one tin (approximately two pints) a week per person. Children under ten were allocated extra rations.

All imported fresh milk must, in accordance with the City Council's Milk and Dairies Bye-Laws, be either pasteurized or boiled in Gibraltar before it is distributed to the public, and strict control has been maintained by the health inspectorate and frequent samples taken to ensure compliance with the milk laws. On one occasion legal proceedings were instituted against a purveyor and a vendor of milk which had been found on analysis not to have been boiled, and both were convicted and fined.

Ice-Cream

Ice creams would appear to have become increasingly popular with the public and the demand for these products to have progressively increased. Besides supplies manufactured locally, considerable quantities have been imported from reputable firms in the United Kingdom and stored in refrigerators pending distribution to the public. It has been made a condition for the sale of these imported products that they be sold in the original sealed wrappers or containers in which they are issued by the manufacturers, a measure intended to minimize the chances of contamination from exposure or indiscriminate handling.

All premises wherein ice-creams are manufactured must be registered with the City Council in compliance with the Food and Drugs Ordinance, and all such establishments were personally inspected by the Medical Officer of Health before registration was effected, to ensure that the conditions and appliances conformed with the provisions of the Ordinance.

All establishments, refrigerators and vehicles used for the manufacture, storage or sale of ice-creams have been the subject of frequent inspections by the Sanitary Inspectorate, and the utmost vigilance has been exerted to safeguard the health of the consumers. Numerous samples of both locally manufactured and imported products were also examined bacteriologically in the Council's Laboratories, and found on every occasion satisfactory.

Eating Houses, Confectioneries and Cafes

Under the provisions of the Food and Drugs Ordinance, all premises where meat or fish is prepared by any process of cooking, or which are used for the preparation or manufacture of sausages, potted, pressed, pickled or preserved food intended for sale must be registered with the City Council, whilst owners of confectioneries, cafes, fruit shops and other such establishments, as well as itinerant food vendors, are registered under the Council's Food Bye-Laws.

These establishments are frequently inspected by the Department's Inspectors who also exert a strict vigilance over the activities of itinerant vendors to ensure the highest standards of hygiene and cleanliness possible in the handling, storing, preparation and sale of food intended for human consumption.

The increasing number of small confectioneries, tea-shops, restaurants and other such places where food and drink are served to the public, many of which owing to limited space and other factors are not eminently suited to this purpose, which have appeared since the repatriation, are becoming a source of concern to the Health Department and render progressively more onerous the task of the Inspectors who during the year made one thousand, three hundred and ninety-three visits to establishments of all kinds concerned with the many aspects of food catering in the course of which advice was offered and suggestions for improvements were made which in the majority of cases have been implemented.

Only on one occasion was it found necessary to institute legal proceedings for contraventions of the Food Laws. The case concerned a bakery, the owners of which were convicted and fined for the sale of bread which contained mouse droppings.

Food Poisoning

Six outbreaks of food poisoning in which a total of 65 persons were affected were notified and investigated by the Public Health Department during the months of June, July and August.

Of these, two were of considerable interest and are described briefly below, one involved only a small number of persons and the evidence was equivocal and insufficient to confirm a common cause, whilst the others concerned individuals or small familial incidents which are not an infrequent occurrence during the hot season.

Bacteriological investigations of suspected foods and of the excreta of persons affected which were carried out whenever samples were available, failed to incriminate salmonellae as the cause of any of these outbreaks.

Outbreaks

(1) On the morning of the 11th July a telephone communication was received by the Department from a medical officer at the Colonial Hospital that twenty-six persons suffering from food poisoning had been admitted to that institution between 4 and 6 o'clock the previous evening. The persons concerned were employed at a tobacco factory and the suspected food which included corned beef sandwiches and cream cakes had been sent to them from a wedding which was being celebrated in town and had been consumed at the factory.

Symptoms which included colicky pains, vomiting and diarrhoea had appeared in the persons affected between two and six hours after partaking of this food and with the exception of six who were detained overnight, all had been discharged to their homes soon after admission.

Enquiries which were conducted revealed that three guests at the wedding had been similarly affected, but failed to establish the occurrence of other cases amongst the numerous commensals.

The corned beef and cream cakes had been obtained from two different establishments and the sandwiches had been prepared and the food laid out by the barman and a kitchen maid employed at the club. No other notifications of food poisoning were received which involved the suppliers of either of these food stuffs.

On bacteriological examination a tin of corned beef from the same establishment and of the same consignment as the one used to prepare the sandwiches was found sterile, but a heavy growth of Staphylococcus Aureus and Enterococci was obtained from a piece of one of the cream cakes and a pure culture of Staphylococcus Aureus from remnants of the beef sandwiches. No pathogens were recovered from a number of samples of vomit and faeces obtained from persons affected.

In view of these findings, suspicions were centred on the barman and his assistant, but no history of recent illness could be elicited from them, neither had there occurred previously any case of illness amongst members attributable to consumption of food at the Club. Careful examination of both attendants failed to reveal any evidence of ill-health or skin lesions which could have caused the contamination of the food concerned.

In the circumstances associated with a feast of this nature attended by a large number of persons, food is particularly liable to suffer contamination from a multiplicity of agents, further, in the case under discussion matters were complicated by the fact that the food was consumed in a factory where the presence of dust and unsatisfactory provisions for washing provided further means of contamination, which factors rendered the chances of establishing the cause of the outbreak with any degree of certainty a remote possibility notwithstanding the extensive investigations which were carried out. Little doubt can however be entertained that the outbreak was caused by the toxins of Staphylococcus Aureus, but the source of contamination with this organism unfortunately remained undetermined.

(2) On the 13th August the District Medical Officer in charge of a transit centre where communal meals are served informed the Medical Officer of Health that at about 10.30 o'clock the previous evening, he had been urgently summoned to attend a number of persons who had been taken ill with colic, vomiting and diarrhoea a few hours after partaking of a meal served at the Centre. With the exception of a patient who suffered from collapse, the attacks were of a mild nature and short duration.

Investigations revealed that twenty-six persons who partook of a meal which included meat rissoles at 6 p.m. had been taken ill from two and a half to four hours afterwards. The incidence appeared to be limited to those who had eaten the rissoles, others who had partaken of the same meal but had abstained from eating them had not been effected.

The rissoles were made of meat, potatoes and ground bread crumbs kneaded into a mass with reconstituted evaporated tinned milk and fried.

They had been prepared and served exclusively by the cook and two maids which constituted the kitchen staff. These employees had not suffered any recent illness, appeared well and exhibited no cutaneous lesions.

Conditions in the kitchen were found to be unsatisfactory, particularly with respect to the supply of water and facilities for washing of hands by the staff.

Bacteriological investigations proved the milk used in the preparation of the rissoles to be sterile, and numerous samples of vomit and faeces from patients and kitchen staff to be free from Salmonellae and other pathogens.

The rissoles however were found to be imperfectly cooked and cultures taken from the interior provided abundant growths of faecal B. colli, enterococci, ps. pyocyaneus and bacilli of the Proteus group.

As these findings strongly indicated faecal contamination of the rissoles in the process of making as having been the cause of the outbreak, a possibility which was rendered highly probable by the virtual absence of satisfactory washing facilities for the staff, recommendations for improvements were made to the authorities concerned with the administration of the Centre, and it is encouraging to record that the majority of these have now been implemented.

I have on many occasions in previous annual reports, by circular letters addressed to food caterers as well as verbally to food handlers stressed the importance of frequent and thorough washing of hands, particularly after the use of the toilet in ensuring the safety of food which may inevitably have to be handled in the process of preparation or serving, and the results of the investigation of this outbreak provide strong evidence of the danger incurred by neglect of this precaution which obvious and commonplace as it may appear, is apt to be easily forgotten in the hurry and scurry of work.

I appreciate that in Gibraltar limitation of space and the absence of piped hot and cold water often present difficulties in attaining the highest standards of hygiene desirable, but difficulties should be considered as an incentive to devise means of surmounting them and it cannot be denied that a satisfactory wash basin occupies little space, and that an adequate supply of water, soap and clean towels can easily be provided; needless to say it is worse than useless to instruct food handlers to wash their hands, or to impress on them that clean hands mean safe food, if facilities for the purpose are not made readily available.

HOUSING AND TOWN PLANNING

The erection of new dwellings in pursuance of the Government Housing Scheme continued during the year. Two tenement buildings comprising twenty flats each which were started in 1951 at Gas Works Site and Lower Calpe Road were completed and put into service, whilst two others sited at Tank Ramp and Prince Edward's Road consisting of eighteen and twenty flats respectively have been placed under construction and will be terminated in 1953. A number of Nissen Huts at the Grand Parade have also been adapted to provide twenty-six tenements which are being used to decant families whose houses are being repaired or reconstructed.

Besides these, several new houses have been erected or completed and additions or improvements to existing buildings have been effected by private landowners, but the rentals normally charged for this class of accommodation are generally beyond the means of lower income families.

There is urgent need of accommodation of simple construction, yet providing the amenities necessary to ensure the best possible hygienic standards of living which can be let at rentals within the reach of families with modest incomes who constitute the majority of those living in overcrowded conditions. This need is all the more obvious when it is considered that a considerable number of such families are, apart from being overcrowded, still living in unsatisfactory dark and sometimes damp basement tenements, whilst others are accommodated temporarily in Nissen Huts which on account of their structure and associated environmental conditions, render it most desirable that their use for human habitation should be discontinued as soon as circumstances permit. The number of complaints received by the Department bears testimony to the inadequacy of this type of accommodation for anything but a short period of residence.

The type of flat now being constructed by Government would appear to be well adapted to house these families, but the number available at present is too small to relieve the situation.

One hundred and ninety-two houses were inspected and reported upon by the Sanitary Inspectorate in compliance with requests from the Commissioner of Lands and Works for information respecting the living conditions of applicants for re-accommodation in Government-owned premises or following complaints submitted direct to the Public Health Department by persons seeking improved accommodation. In addition two hundred and eighty-two applications for permission to sub-let civilian accommodation were investigated and recommendations made thereon.

I cannot but again comment on this practice of sub-letting which judging from the number of applications reviewed appears to offer lucrative prospects, and has progressively increased to such an extent as to cause serious apprehension to the Health Department, entailing as it has been proved to do in many instances the temptation to tenants to overcrowd their dwellings for the sake of gain. Such practice cannot be too strongly deprecated.

My thanks are due to the Commissioner of Lands and Works for the following information respecting the progress of the Government Housing Programme during the year 1952.

Houses Completed — permanent

Gas Works Site (Naval Hospital Road)	20 flats
Lower Calpe Site	20 flats
	40 flats

Houses Under Construction — permanent

MacMillan House (Tank Ramp)	18 flats
Stanley Building (Prince Edward's Road)	20 flats
	38 flats

Temporary Housing for Decanting Purposes

Grand Parade	26 tenements

Town Planning

The Central Planning Commission appointed under the provisions of the Building (Interim Control) Ordinance held regular meetings throughout the year. At these meetings plans for the erection of new buildings, improvements to existing structures and other constructional projects were considered.

Seventy-eight applications for permission to effect structural alterations to existing premises or to erect new buildings were considered and reported on under the powers vested in the City Council by the Public Health Ordinance.

AMBULANCE SERVICE

A fleet of four ambulances is maintained by the City Council primarily for the conveyance of persons suffering from infectious diseases, but which in fact constitutes the only Ambulance Service available for the transport of civilian patients and those landed from the Bay.

A total of three hundred and thirty patients were conveyed by the Ambulances during the year, two hundred and fifty-three from the town and seventy-seven from the Bay. Twenty-seven of the local cases and twelve landed from the Bay were patients suspected of or suffering from infectious diseases, the rest were accidents or persons suffering from non-infectious conditions.

	Local Cases	**Bay Cases**
Tuberculosis	19	4
Typhoid Fever	—	2
Meningitis	1	1
Diphtheria	1	—
Chicken-pox	1	—
Influenza	1	1
Pneumonia	4	2
Maternity Cases	13	1
Mental Cases	21	4
Appendicitis	5	11
Heart Disease	15	4
Fractures and Injuries	50	21
Miscellaneous (medical and surgical cases) ...	122	26
Totals ...	253	77

DISINFECTION

Disinfection of bedding, clothing, etc., continued to be carried out at the Disinfection Station in Line Wall Road.

Table below gives details of the work done at the station during 1952.

Months	Beds and Mattresses	Bolsters and Pillows	Blankets and Quilts	Sheets	Counterpanes	Books	Sundries	Totals
January	9	15	12	11	5	30	1	83
February	12	17	16	14	—	—	26	85
March	6	8	10	10	3	—	25	62
April	8	12	14	11	8	—	33	86
May	2	2	7	2	—	—	1	14
June	57	5	50	7	—	—	20	139
July	2	3	3	4	—	—	3	15
August	2	2	7	4	—	—	10	25
September	6	9	16	8	4	—	13	56
October	5	8	7	8	3	10	9	50
November	21	63	8	13	—	—	25	130
December	18	—	—	—	—	10	—	28
Totals	148	144	150	92	23	50	166	773

MEDICAL WORK DONE FOR THE COUNCIL

Eighty-eight Council employees were medically examined during the year. The majority were routine examinations to determine the fitness of applicants for employment, a few concerned applications for retirement from the service, or the assessment of disablements attributed to accidents or to the nature of the employee's work.

Applicants suspected of suffering from Pulmonary Tuberculosis were referred to the Physician, King George V. Hospital for radiological examination.

January	5
February	3
March	10
April	21
May	28
June	16
July	—
August	1
September	2
October	—
November	—
December	2
Total ...	88

OTHER MATTERS AFFECTING THE HEALTH OF GIBRALTAR

Board of Health

The Board of Health which constitutes the co-ordinating body in medical matters between the Medical Services of Her Majesty's Armed Forces, the Colonial Government and the Public Health Authorities held regular meetings throughout the year.

The following is a brief summary of the subjects which were discussed and on which recommendations were made at Meetings of the Board:—

Sanitary control of Aerodrome.

X-Ray examination of employees as a measure of prevention against the spread of Tuberculosis.

Trachoma and measures of prevention thereof.

Declaration of Gibraltar a Yellow Fever receptive area.

Incidence of Poliomyelitis and adoption of measures of prevention.

Establishment of liaison between the Medical Officer of Health and the provincial Medical Officers of Health of Cadiz and Malaga.

International Health Regulations, their implementation in Gibraltar and the abolition of Maritime Bills of Health and of personal declarations by passengers arriving by air.

Supply of oxygen to hospitals.

General Practitioners Service

The number of medical practitioners engaged in general practice remaining on the register at the end of December, 1952 was nine, a ratio of 1 to 2,719 population. The majority are also employed as part-time medical officers with the Colonial Government, an arrangement which ensures a high degree of co-operation between the Colonial Hospitals, the Child Welfare and School Medical Services, and the general practitioner service which redounds to the benefit of both patients and the various services concerned.

Nursing Services

There has been no change in these services during the year. The number of midwives remained at five, and all domiciliary general nursing is almost essentially done by Sisters of the Religious Order of Bon Secours. A small number of nurses who obtained their final registration certificate during the year have been absorbed by the Hospital.

The appointment of a district nurse has now been approved by the Government and at the time of writing this report, measures are being taken to secure the services of a state registered nurse to fill the post. This appointment will fill a long felt want and will contribute to relieve the pressure on a rather depleted general practitioner service, the hospital out-patient department, as well as help to foster the domiciliary care of the aged and infirm.

Legislation relevant to Medical and Public Health Interests enacted during the year

The Employment Injuries Insurance Ordinance 1952 came into force on the 7th July together with a series of regulations made under the authority of this Ordinance among which the following are of particular medical interest:

Employment Injuries Insurance (Occupational Diseases) Regulations, 1952.

Employment Injuries Insurance (Medical Certification and Treatment) Regulations, 1952.

Employment Injuries Insurance (Determination of Claims and Questions) Regulations, 1952.

This Ordinance which provides for compulsory insurance against personal injuries caused by accidents arising out of and in the course of a person's employment and against certain prescribed diseases and injuries due to the nature of such employment, may be said to constitute the most important legal enactment related to Social Welfare of the year and to fill a long felt want in the Colony.

Under its provisions persons insured ar entitled to injury and disablement benefits as well as to free medical treatment, or, in the event of such a person's death being caused by the injury, benefits including pensions are payable to his widow, children or other prescribed dependants.

The Shop Hours Ordinance and The Employment of Women, Young Persons and Children Ordinance. Amendments to these Ordinances, inter alia, define a child as a person under the age of 15 years and prescribe the hours and conditions of work for women and young persons.

The Food and Drugs Ordinance has been amended to empower the City Council to appoint a Deputy Analyst to act in the event of a vacancy occurring in the post or during the absence or incapacity of the holder of the office.

The Education Ordinance—An amendment to this Ordinance empowers the Govenor in the interest of public health to order the closure of all or any schools as and when he shall deem necessary.

The Public Health Ordinance — Under the provisions of this Ordinance, Relapsing Fever was declared a notifiable disease on the 1st of December.

INTERNATIONAL HEALTH LEGISLATION

At the Fourth World Health Assembly convened on the 25th May, 1951, the World Health Organization adopted the International Sanitary Regulations No. 2 which came into force on the 1st of October, 1952.

The purpose of these regulations is to revise and consolidate the provisions of the several International Sanitary Conventions and other arrangements at that time in force by replacing and completing these conventions by a series of International Sanitary Regulations more fitted to the several means of international transport and which will more effectively ensure the maximum security against the international spread of disease with the minimum interference with the world traffic.

It is envisaged that this replacement will facilitate the periodical revision of international measures subject to changes in the epidemiological situation, the experience gained and the progress of science and technique.

The United Kingdom Government being a signatory to these agreements and having made no reservations with respect to Gibraltar, the provisions of these regulations have been fully implemented in the Colony since they came into force.

Under the provisions of Part VI (Sanitary Documents) of these regulations, Bills of Health are abolished and passengers arriving by air are no longer required to tender a Personal Declaration of Health. The latter disposition has given rise to much comment and some adverse criticism in public health circles, as thereby Medical Officers of Health are deprived of a well established and useful source of information which may be difficult to substitute.

Whether the elimination of what must be admitted to be but a small inconvenience to travellers at the sacrifice of a means of information which has in the past proved of value to health officers in their work of preventing the spread of disease is justifiable would appear problematical, and the wisdom or otherwise of this dispensation remains to be proved by dour experience. For the present suffice it to quote the terminal lines of an article on this subject published in one of our leading public health journals* which admirably sums up the situation. "We have at last reached agreement internationally, and we have had to pay a price for this agreement. Time will tell whether or not the price was too heavy."

Under the provisions of these regulations, Gibraltar has been designated a Yellow Fever receptive area, and Articles 74 and 75 which empower health authorities to require a valid certificate of Yellow Fever vaccination from travellers arriving from infected local areas, or to impose a period of isolation in the event of the traveller not possessing such a certificate are being enforced.

*__The Medical Officer__ — "International Health," 22nd November, 1952, Page 234.

PUBLIC HEALTH LABORATORIES

I am indebted to Mr. H. J. Bruzon, A.I.M.L.T., Chief Laboratory Assistant and Deputy Public Analyst, for his assistance in the preparation of this summary of the work of the Laboratories.

Fifteen thousand, eight hundred and forty-four investigations were carried out on specimens submitted to the Laboratories during 1952, an increase of over two thousand compared with the precedent year.

The majority of these investigations amounting to 14.816 concerned pathological, bio-chemical and bacteriological examinations necessary for the clinical treatment and prevention of disease, whilst 1,028 were chemical analyses and bacteriological examinations performed to meet the requirements of the Public Health Department for purposes connected with the administration of the Food and Drugs Ordinance and Bye-laws, or the determination of the purity of potable waters issued to the public.

Wassermann Reactions and Kahn Flocculation Tests were carried out on 1,000 and 986 specimens of blood respectively. The number of blood cell counts totalled 3,011.

One thousand, two hundred and twenty-six specimens of sputum were examined for the presence of Mycobacterium Tuberculosis including eleven investigations by culture. Twenty-two specimens of Cerebro Spinal Fluid and 69 of urine were also cultured for the detection of this organism.

One hundred and fourteen specimens of tissues were submitted for histological examination representing in increase of approximately 50 per cent over the figures for 1951.

A number of persons received Yellow Fever preventive inoculations at the Laboratories which are recognised as an approved centre for this purpose by the World Health Organization.

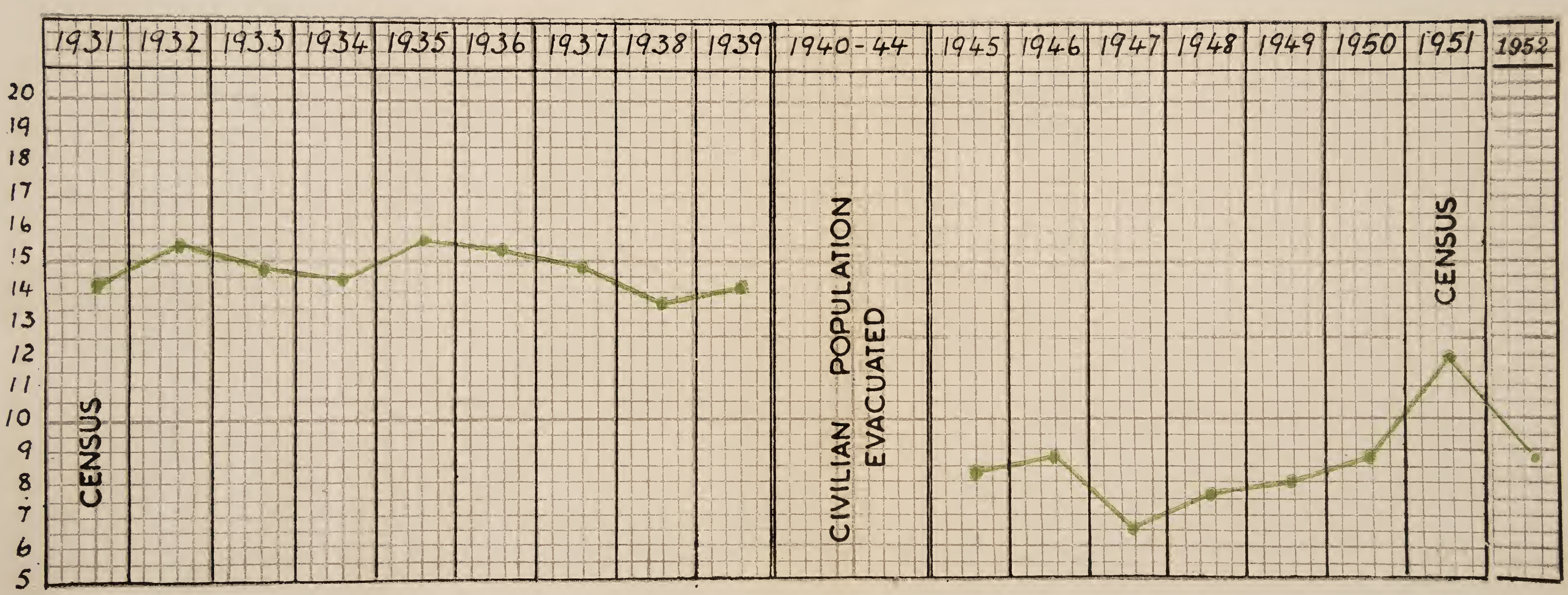
SUMMARY OF INVESTIGATIONS CARRIED OUT IN THE CITY LABORATORIES

I. For the Public Health Department, private Medical Practitioners, business firms and others.
II. For the Colonial Government Medical Services.
III. For the Army and Royal Air Force.
IV. For the Royal Navy.

	I.	II.	III.	IV.	Totals
Clinical Pathological Investigations					
BLOOD.					
(a) Serology					
Wassermann Reaction	99	623	16	262	1,000
Kahn Flocculation Tests	99	623	16	248	986
Gonococcal Fixation Tests	—	1	—	6	7
Widal Agglutination Tests	352	248	—	—	600
"Cold" Agglutinin and Paul Bunnell Tests	3	3	14	—	20
(b) Haematology					
Grouping tests for compatibility and Rhesus Factor.					
Erythrocyte Sedimentation Rates, fragility tests, Bleeding and coagulation times	97	795	2	—	894
Erythrocyte, Leucocyte and differential counts. Mean cell diameter and Haemoglobin estimations	928	2,083	—	—	3,011
Films for Parasites	5	11	—	—	16
(c) Bacteriology					
Cultures for organisms	20	13	—	—	33
(d) Chemistry					
Including qualitative and quantitative investigations of Bio-chemical constituents	353	223	23	—	599
CEREBRO-SPINAL FLUID.					
(a) Cytological and Bio-chemical investigations ...	6	168	—	—	174
(b) Wassermann Reactions	1	29	6	—	36
Lange's Collodial Gold Tests	—	23	5	—	28
(c) Bacteriological investigations including cultures for organisms other than M. Tuberculosis	1	21	—	—	22
(d) Cultures for M. Tuberculosis	1	21	—	—	22
PLEURAL AND PERITONEAL EXUDATES, PUS AND OTHER PATHOLOGICAL FLUIDS.					
Cytological, Chemical and Bacteriological Investigations	45	200	—	—	245
URINE.					
(a) General physical and chemical examinations including tests for Acetone, Bile salts and pigments, indican, etc., and microscopic investigation of deposits	873	553	—	—	1,426
(b) Quantitative determinations of protein, glucose, chlorides, urea, etc.	436	286	—	—	722
(c) Cultures for organisms other than M. Tuberculosis	57	212	—	—	269
Cultures for M. Tuberculosis	7	62	—	—	69
FAECES.					
(a) Microscopical Examinations including detection of parasites and ova	18	98	—	—	116
(b) Chemical Investigations	5	20	—	—	25
(c) Cultures for organisms	324	208	—	—	532
SPUTUM.					
(a) Microscopical Examinations for organisms (other than M. Tuberculosis), malignant cells, fungi, etc.	10	36	—	—	46
(b) Examination of Smears for M. Tuberculosis...	34	1,192	—	—	1,226
(c) Cultures for M. Tuberculosis	—	11	—	—	11
(d) Cultures for other organisms	16	19	—	—	35
GASTRIC AND DUODENAL JUICES.					
(a) Microscopical and Chemical Examinations ...	—	1,925	—	—	1,925
SWABS examined for C. Dipththeriae, Streptococcus Haemolyticus and other organisms	142	406	—	—	548
DARK GROUND EXAMINATIONS for T. Pallidum ...	11	—	—	—	11
TISSUE SPECIMENS for histological examinations ...	1	113	—	—	114
ANIMAL INOCULATIONS and Morbid Anatomical Examinations of animals	27	1	1	—	29
MISCELLANEOUS	2	17	—	—	19
PART II					
Bacteriological Examinations					
WATER (including mineral waters)	253	—	—	46	299
FOODS	23	2	1	—	26
Chemical Analyses					
WATER (including mineral waters)	548	—	6	60	614
FOODS AND DRUGS	51	—	4	—	55
OTHER MATERIALS	24	—	—	10	34
TOTALS	4,872	10,246	94	632	15,844

DEATH RATE PER 1,000 CIVIL POPULATION

1931-39 & 1945-52



AVERAGE TRIENNIAL PERIODS

PRE-WAR

1931-33=14.9
1934-36=15.2
1937-39=14.3
1931-39=14.8

POST-WAR

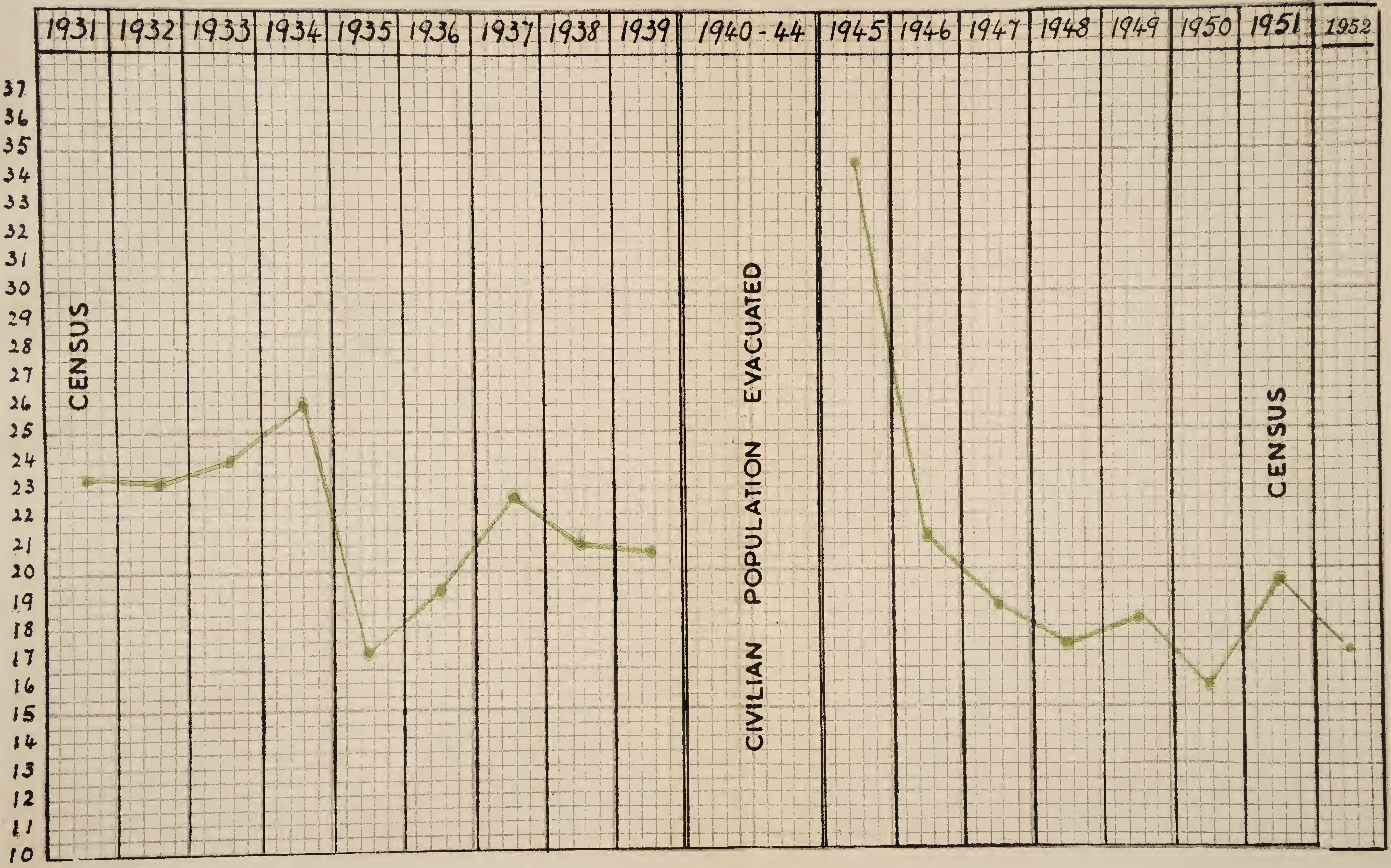
1945-47=7.9
1948-50=8.2
1945-50=8.0

1951=12.2

1952=8.61

BIRTH RATE PER 1,000 CIVIL POPULATION

1931-39 & 1945-52



AVERAGE TRIENNIAL PERIODS

PRE WAR

1931-33=23.2
1934-36=20.6
1937-39=21.5

1931-39=21.7

POST WAR

1945-47=24.9
1948-50=17.2

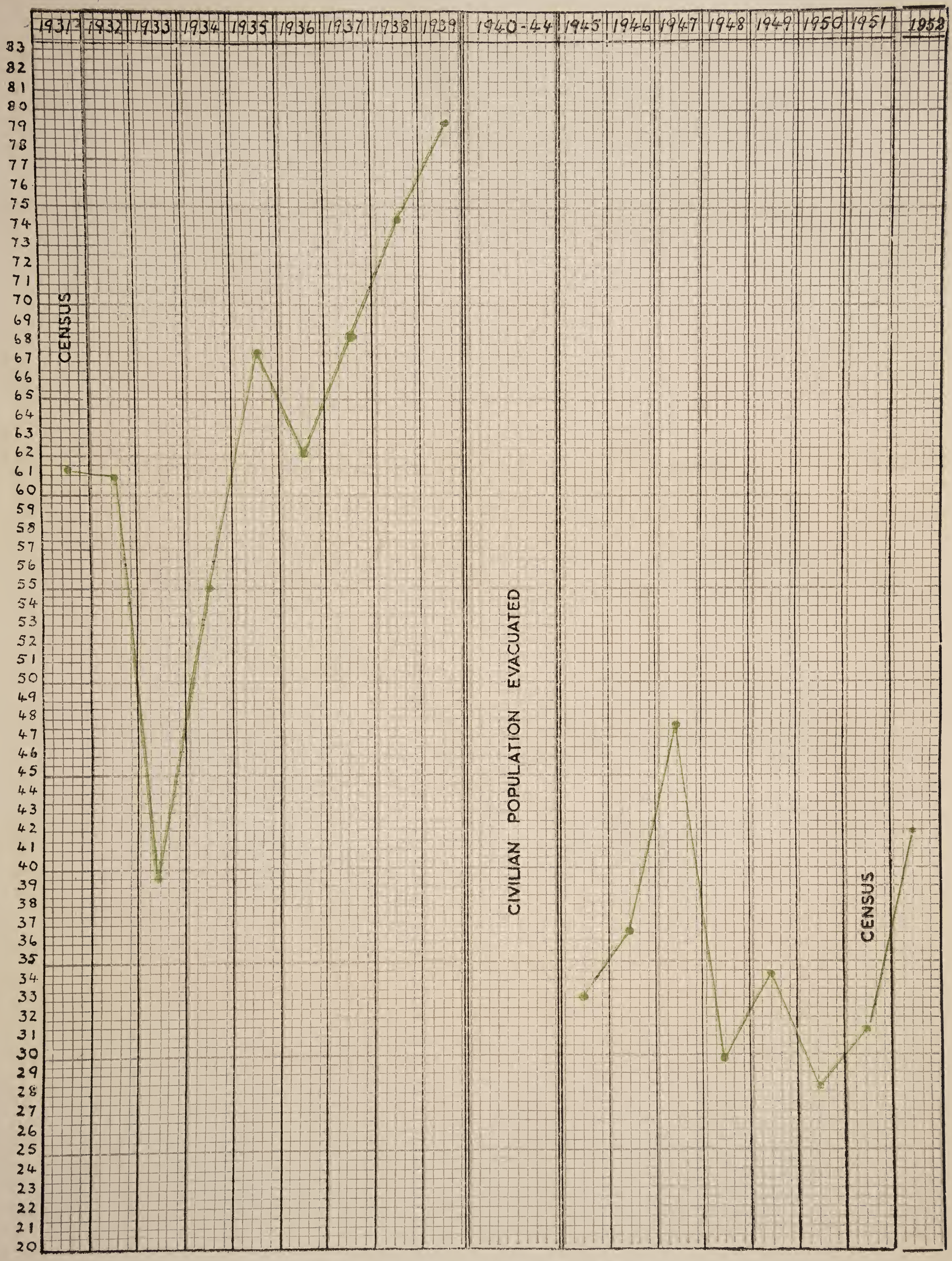
1945-50=21.0

1951=19.6

1952=17.36

INFANT MORTALITY PER 1,000 BIRTHS CIVIL POPULATION

1931-39 & 1945-52



AVERAGE TRIENNIAL PERIODS

	PRE-WAR	POST-WAR	
1951=31	1931-33=53.6 1934-36=61.4 1937-39=73.9 1931-39=62.9	1945-47=38.8 1948-50=30.6 1945-50=34.7	1952=41.55